PARENTS

and their children

by Verdene Ryder

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The Goodheart-Willcox home economics series

PARENTS
and their children

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The Goodheart-Willcox Company, Inc.
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Introduction

Parents and Their Children is written for young people who are interested in children. They may want to be parents, or they may just want to have satisfying interactions with other people's children. A basic understanding of children and parent-child relationships is helpful to aunts, uncles, neighbors, and child care professionals as well as parents.

Because most people in our society become parents, this book focuses on the decisions related to parenthood. It covers such decisions as whether or not to become parents, when to have children, what health practices to follow during pregnancy, and how to prepare for childbirth.

From the moment of birth, both parents and their children are constantly learning, growing, and changing. This book helps students to recognize children's stages of development and to realize how parents' roles change as their children grow.

The interactions between parents and their children are powerful influences on children's development and on parents' attitudes and behaviors. This text shows how to promote interactions that are enjoyable, supportive, encouraging, and rewarding.

Every generation of parents and children faces traditional challenges in addition to contemporary ones. Information is presented to help today's families successfully meet the unique challenges they may face.

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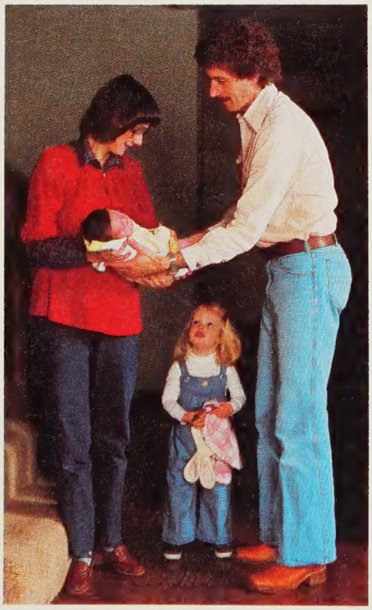

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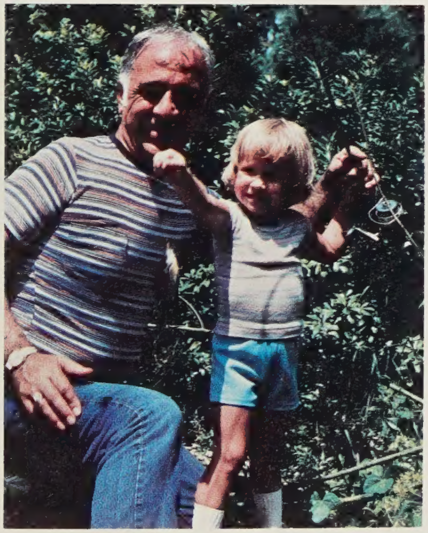

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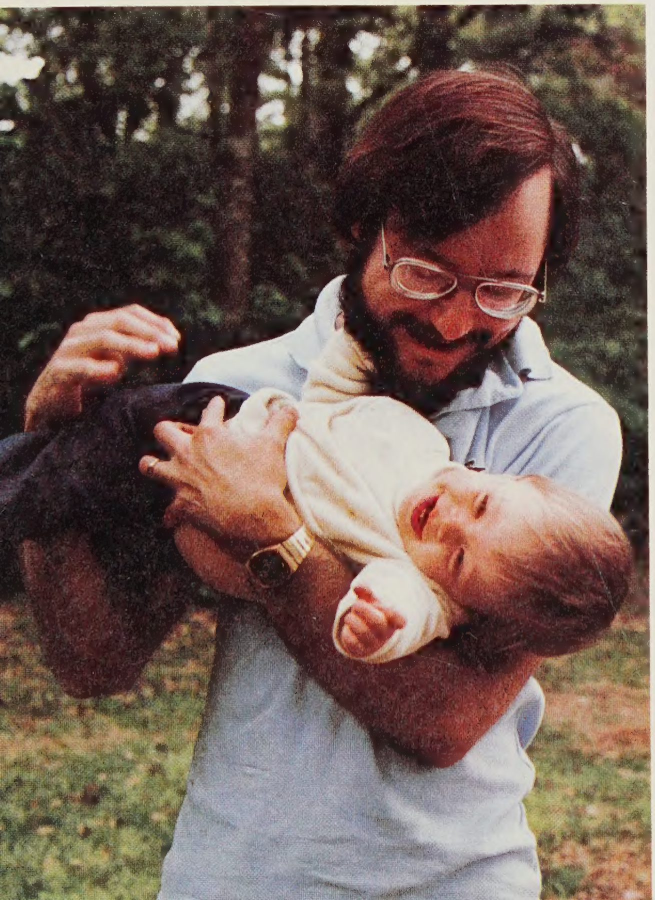

part one

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Most people in our society choose to become parents. Because of parenthood's many commitments, responsibilities, challenges, and rewards, it may be considered comparable to a career.

1

Parenthood as a career

This chapter will help you view parenthood as a career, recognize the qualifications needed for parenthood, and see why certain popular beliefs about parenthood are really myths. It will also help you become familiar with the many responsibilities and rewards of parenthood.

Parenthood is the most popular career in the world. Parents outnumber teachers, farmers, doctors, salespeople, carpenters, or any other group of workers. Not everyone views parenthood as a career, but doing so makes sense.

People prepare for their careers by studying. In the same way, you are preparing for the career of parenthood by reading this book. People spend a large portion of their lives working at their careers. Likewise, if you decide to choose parenthood as a career, it will consume a large portion of your life. Careers demand commitment, involve responsibilities, present challenges, and offer rewards. Parenthood also demands commitment—an irreversible one. It involves many responsibilities, the biggest of which is helping a child become a mature, responsible adult. Parenthood presents new challenges every day and offers the rewards of joy, pride, and contentment.

THE JOB DESCRIPTION

Suppose you were reading the want ads in your local paper and came across the ad in 1-1. Would you be interested in the job?

If you think you might want to be a parent someday, you should know just exactly what it is that parents do. Three key words in the job description of parenting are dedication, flexibility, and nurturance.

Dedication

Parenthood demands real dedication. It is a 24-hour-a-day, every day job. You can't punch a time card and go off duty. If your baby needs to be fed or needs clean diapers, it is your job to see that those needs are met. When your child is bored, it is your job to present him or her with realistic challenges. You can't say, "Wait a minute; I'm on my coffee break," when your child comes to you with a bloody knee. You can't resign—or even take a few days of vacation—when your child is in trouble and needs you. You have to hang in there, giving whatever help and support is needed. See 1-2.

Flexibility

Flexibility is needed in order for parents to survive the many challenges they face. You have to be able to adjust to the different stages of your child's development. You have to cope with the crawling stage, the "getting into everything" stage, the kicking stage, the "helpful" stage, the tattletale stage, the practical joke stage, and the independent stage. Just as you begin knowing what to expect of your child in a certain stage, he or she will grow out of that stage and into another one. You have to stay on your toes mentally as well as physically to keep up with children as they grow.

When a child does catch you off balance, you need a flexible frame of mind to recover. Suppose Joey runs into the house, screaming that Lucy hit him with the shovel from the sandbox. Suppose Susie comes home after school Friday with two friends and announces that she has invited them to stay for the entire weekend. Suppose Robert says he has to know right away if he can spend the coming weekend with a group of friends. They plan to stay at a friend's cabin and go skiing. As a parent, you have to think fast. You have to look at the facts, evaluate them with an open, flexible mind, and make decisions.

PARENT

Full-time position available for mature individual. Must be willing to work 24-hour-a-day shifts, including weekends. No experience needed, but must be willing and able to change diapers, fix broken toys, cook meals, clean up all kinds of messes, build sand castles, participate in car pools, and answer questions about everything from makeup to football.

Salary: You *pay* thousands.

Fringe benefits: Excellent, including opportunities to hear a child's first words, help a child learn to ride a bicycle, and watch with pride as a grown-up child receives a college diploma.

THE STORK COMPANY

1-1 The job of parenting is demanding, but its rewards are great.

1-2 Parents cannot turn away from a carrot-covered face; they have to clean it up. The task is easy when done with gentle hands and a loving smile.

Flexibility is also needed in your daily plans. You may have to miss your golf outing in order to watch your child play in the finals of a soccer tournament. You may have to postpone a business meeting in order to stay home with a sick child. The laundry may have to wait a day when, with your child's "help," the simple job of baking cookies ends up taking the whole afternoon, 1-3. (In a case like this, a good sense of humor is just as important as flexibility!)

By being flexible in your daily routines, you'll be able to enjoy the spontaneity of children. You will be able to share their delight when they first see snowflakes. You will see the expressions on their faces when they see themselves in a mirror. You will be their appreciative audience when they show how they have learned to walk, hop, skip, or jump rope. Such unplanned moments shared with your children are some of the most precious fringe benefits of the job of parenting.

Nurturance

Nurturance means loving care and attention. To nurture children is to love them, teach them, guide them, and further their development.

From the very beginning of life, infants need the assurance that they are surrounded by love. Although infants do not understand words, you can communicate with them through the tone of your voice, your facial expression, and the sense of touch. Talking to them in a cheerful

1-3 Flexible daily plans allow parents to share experiences with their children. Baking takes more time but is more enjoyable when a parent has a "helper."

tone of voice with a smile on your face will convey your love. Holding them close when they cry and talking in a soothing tone of voice will help them feel secure.

The need to be loved continues throughout childhood and even throughout all of life. As a parent, you need to express your love to your children. They need to know that they can always count on your love. When they misbehave, you should make it clear that you dislike their behavior, but that you still love them. Never, under any circumstances, should you use love as a reward or a threat. Do not tell children you will love them if they finish their vegetables or that you will not love them if they get bad grades at school. Your love as a parent should be given constantly and in large doses, 1-4.

Another part of nurturing children is encouraging them to do their best. Children like to be challenged, and they like to be praised when they succeed. There is a fine line between encouraging children and pushing them. One way to be sure you are encouraging and not pushing is to have realistic expectations. If you know the basic principles of child development, then you know the capabilities of a typical three-year-old. You know that the child is ready to learn to ride a tricycle and string large beads. With encouragement, the child can learn these skills and feel the pride of accomplishment. A typical three-year-old is not ready to learn to ride a bicycle or tie shoelaces. If presented with these challenges, the child would be frustrated and would fail. Thus, part of the job of parenting is to encourage children to meet realistic challenges.

Discipline is a part of nurturance. By disciplining your children, you guide their behavior. You teach them to watch out for moving cars, hot ovens, and other dangers. You teach them right from wrong. Discipline is best when it is fair and consistent. Children need to know what they should and should not do. They need to learn that when they misbehave they will have to face the consequences. Firm rules and limits for behavior help children lay the foundation for their own concepts of right and wrong. After all, the goal of discipline is to teach children self-discipline. You want them to learn to control their own behavior and make good decisions. You want them to have self-discipline so they will be able to develop into mature, responsible adults.

MYTHS ABOUT THE JOB

Since most people either have children or plan to have children someday, most people enjoy telling stories about children. Stories about children are like stories about anything else. Some are true. Some began as true stories but have been stretched and twisted beyond belief. And some are pure myths.

Myth #1: Parenting skills are instinctive

Some people say that they are not worried about being good parents because they think parenting skills are instinctive or inherited. They may base that assumption on seeing mothers and fathers who seem to be naturally well-suited to their roles as parents. It is true that experience gained in a family with parents who love children will give you a sense of what parenting involves. However, knowing a little about what parents do is very different from knowing how to be a competent parent.

On the other hand, some people are overly worried that they won't know how to be good parents. They are afraid that they aren't capable of doing a good job of raising children.

Good parenting skills can be learned, 1-5. In fact, learning good parenting skills is a little like learning arithmetic. You were not born knowing that 2 + 2 = 4. Nor were you born knowing how to bathe an infant. Because you were willing to work to learn arithmetic, you now know how to add, subtract, multiply, and divide. If you are willing to work to learn good parenting skills, you can become a competent parent.

Myth #2: Parenting is fun

People who spread this myth are generally younger than 20 or older than 50. They either haven't experienced parenthood, or they have already erased the bad experiences from their minds, leaving behind only the good memories.

People in the 20 to 50 age bracket may also say that parenting is fun. But in their very next breath, they almost always add this note: "Being a parent is also an awful lot of hard work."

Like any other job, the job of parenting has fun times, sad times, exciting times, boring times, satisfying times, and frustrating times. The point is that you need to have realistic expectations. If you believe the myth that parenting is nothing but one fun day after another, you will be disappointed. You may even grow to resent your child for not fulfilling your dreams of parenting bliss. If on the other hand, you can accept the bad times and really appreciate the good times, you will be able to enjoy a career as a parent.

Myth #3: Children are cute and sweet

This myth is spread by the same people who are busy spreading the myth that parenting is fun. These people's ideas are based more on wishful thinking and fantasies than on reality.

Perhaps one reason for the popularity of this myth is that it is partially true. Children can be adorable, but parents have to be prepared to accept reality. Children can also be messy, uncooperative, and downright stubborn, 1-6.

The mass media and advertisements help reinforce the myth that children are cute and sweet. Popular TV shows rarely show children who are crying, screaming, hitting, kicking, or whining. Instead, they show children playing quietly, sharing a peaceful family meal, and talking reasonably with their brothers and sisters. Advertisements are even more biased. Diaper ads show only freshly diapered, smiling, cuddly toddlers. You never see the uncomfortable, fussy baby with dirty diapers. You

1-4 Giving lots of love to a child is an important part of nurturance.

1-5 A new parent has to learn many skills, including how to burp his baby.

never see a parent struggling to change the diapers of an uncooperative, squirming baby.

Food ads are much the same. A parent is shown cuddling and feeding an infant. You never see that baby burping or spitting up. Toddlers are shown sitting in their high chairs smiling at their parents as they politely eat their food, spoonful by spoonful. This does happen occasionally in real life, but mealtime is usually more challenging. The child tries refusing the food, spitting out the food, and playing with the food. The parent tries to get as much of the food as possible into the child's mouth and as little of the food as possible on the floor.

Older children are also misrepresented. Shown are the well-dressed children on their way to school, children splashing in the pool, and children playing running games. Missing are the children with torn shirts, black eyes, bee stings, skinned knees, and muddy shoes.

Another problem with the myth that children are cute and cuddly is the fact that babies grow up. They become school age children and teenagers. The period of having adorable little babies is fairly short in relation to the long-term commitment of parenthood. If you become a parent only for the opportunity to care for a cuddly baby, you will be disappointed. You may enjoy the first couple of years, but you will have nothing to look forward to. Parents who look forward to guiding their children's development and enjoying all of the different stages of growth are luckier. They will find satisfaction throughout their lives as parents, not just during the first few years.

RESPONSIBILITIES OF PARENTHOOD

You would not accept a job offer unless you knew what responsibilities you would have and what wages you would earn. Nor should you become a parent unless you first understand the responsibilities you will have and the rewards you can expect.

To want and be ready for children

The first responsibilities of parenthood are deciding that you want children and deciding that you are ready to have children. Every child deserves the right to be wanted and loved. Every child also deserves to receive proper care and guidance. Children have these rights only when their parents have accepted the responsibilities of making rational decisions about if and when to become parents. These decisions will be examined more closely in the following chapters.

To love the children

Children need lots and lots of love. Parental love should be given freely and constantly to each child without any strings attached. Children need to know that they are loved for who they are—for their own special qualities. The knowledge that they are loved gives children a sense of security. This security helps them feel good about themselves and helps them develop self-confidence.

In parent-child relationships, parents do most of the giving, and children do most of the taking, 1-7. The fact that children are basically selfish is not their fault. It is simply a developmental fact. Children are busy learning skills like walking, talking, reading, and writing. It isn't until later in life that humans develop enough emotional maturity to give more than they receive. This is one reason why young people are often encouraged to delay parenthood.

Being able to give is a basic trait of competent parents. They give their love as well as much of their time, energy, money, and other resources to their children. At the same time, they expect very little in return.

To fulfill the children's physical needs

Parents have the responsibility of seeing that their children's physical needs are met. These include shelter, food, clothing, and medical care.

An infant doesn't require much space. A bed and a little storage space for diapers, blankets, and clothes are just about all that is needed. As babies grow, they need more space for equipment, clothes, and toys. They also need space to play, both indoors and outdoors. Older children need space where they can be alone to think, read, or study.

Parents are responsible for providing adequate food for their children in terms of both quantity and quality. Dietary needs change throughout the life cycle. Infants need only mother's milk or formula. Small children need small amounts of food several times a day. Older children eat larger amounts of food, but fewer times a day. The quality and nutritive value of food is important at any age. People need a balanced diet that includes a variety of nutritious foods.

Clothing is another physical need. Parents do not have to buy fancy, expensive clothes, but they are responsible for dressing their children comfortably and appropriately for the weather. Common sense is a good guide. For instance, children should have shoes that fit. They should have coats, boots, hats, and mittens for cold, snowy days. They should not trip over pants that are too long. Nor should they feel uncomfortable in clothes that are too small.

No matter how well parents feed, clothe, and care for their children, children are going to get sick. Parents should listen to children's complaints regarding health. They also should watch for changes in children's appearance and

1-6 Little girls love to dress up one minute . . . and play in the mud the next.

1-7 Parent-child relationships are not based on an equal give-and-take basis. Parents must give their love freely and constantly to their children.

behavior that could be signs of illness. When children are ill, parents have to use their best judgment in deciding when a doctor's advice is needed. Regardless of cost and inconvenience, parents are responsible for making sure their children receive good medical care.

Proper shelter, food, clothing, and medical care are big expenses. Parents should realize that such costs come as part of the job of parenting, and they should be prepared to handle them.

To fulfill the children's emotional, intellectual, and social needs

Physical needs are usually easier to identify, but emotional, intellectual, and social needs are just as important in the overall development of children.

Parents take a big step toward the fulfillment of their children's emotional needs when they offer loving care and attention. Since small children learn through their play, parents can further their intellectual development by offering stimulating and challenging play experiences. Parents have a great influence on their children's motivation to learn. Parents have many "teachable moments" in the home when they can help their children view learning experiences as exciting and challenging, 1-8. Parents become role models for the attitudes their children develop about achievement and intellectual goals.

To help children meet their social needs, parents should give their children opportunities to interact with other people. Through such interactions, children learn valuable lessons in sharing, communicating, and compromising.

To teach children values and respect

Parents have the awesome responsibility of teaching children values. Common values include friendship, love, honesty, loyalty, integrity, and religion. Values are intangible; they can't be seen, heard, or touched. Therefore, it is easier to teach a child to catch a ball than to recognize the value of loyalty. Each family has its own set of values. Therefore, parents can't turn to a book to find out how to teach their particular set of values to their children.

Another reason why teaching values is difficult is that parents may want to teach their children "better" values than they themselves have. This is difficult because examples are much more powerful than words. Suppose parents want to teach their children the value of religion. If the parents fail to attend worship services, their children are not likely to value religion. Suppose parents want to teach their children the value of honesty. If the children catch the parents telling lies, the children are likely to have trouble learning the value of honesty. Obviously, the best way for parents to teach values is to live by them.

Teaching respect goes hand in hand with teaching values. It, too, is taught best by example. If parents show respect for other people, children are likely to do the same. Respect for elders and authorities should be emphasized, but respect for all human beings should be taught. Children who respect other people's ideas, opinions, and emotions are less likely to hurt someone's feelings. Children who respect other people's property are less likely to become vandals and thieves.

Mutual respect is an important part of good parent-child relationships. Parents have the right to expect their children to respect them. At the same time, parents should demonstrate respect for their children by listening to the children's ideas and by sincerely trying to understand the children's concerns or problems. In an atmosphere of mutual respect, children can express their ideas without fear of ridicule or misunderstanding. Open lines of communication can prevent most problems in all kinds of relationships, including parent-child relationships. When problems do arise, good communication helps resolve them.

To take care of themselves

Parents have the responsibility of taking care of themselves so they can take care of their children. Children need all the nurturance they can get. Parents can give that nurturance only when they feel good, both physically and emotionally.

A balanced diet, regular exercise, and plenty of sleep are the basics of any health program.

Parents should not take these basics for granted. The job of parenting is a demanding one. Parents need to be healthy to do the job well.

The job of parenting strains parents' emotional health as well as their physical health. People need to be emotionally mature before they accept the responsibilities of parenthood. Then they will be able to deal with the stress of caring for children. Keep in mind, however, that all parents become frustrated with their children at times. Parents must learn to cope with their frustration and to relieve it without harming their children.

Many single people are competent parents who do a fine job of raising their children. But parents who are happily married have a definite advantage. The emotional strength gained from a good marriage helps to establish a firm foundation for all family relationships. Authorities agree that ideally parents should love each other and view their marriage as the primary relationship in their lives. They should work to keep their marriage alive and satisfying. Then the positive emotions from that relationship are likely to help the development of good parent-child relationships.

REWARDS OF PARENTHOOD

Why do so many people choose to become parents and to accept so many responsibilities? The answer must be because of parenthood's special rewards. No other job offers the satisfaction that parenthood offers. Nothing can compare with the opportunity to watch your own children grow and develop.

Parenthood sparks a wide variety of emotions. Parents feel content when they rock a baby to sleep. They feel happy when they hear "mama" or "dada" for the first time. They feel proud when their child learns to read.

Parents sometimes experience new emotions or new depths of emotion. They may feel a new tenderness within themselves when they care for a sick child. They may be surprised by a new feeling of love since parental love is different from marital love or any other type of love. Parents may even find that they see each other in a new light and that their marital love is deeper than before.

Parenthood also offers the reward of constant adventure. Every stage of development brings new experiences for the parents as well as for the child. Parents learn how to make an infant smile and how to help a baby build a tower of blocks. They learn to answer questions like, "Where do stars go during the day?" Later, parents may learn to coach a Little League team or referee a soccer game.

The rewards of parenthood are difficult to describe. They differ from day to day and from child to child. Perhaps the best way to describe the rewards of parenthood is with pictures like the ones in 1-9.

1-8 A child feels very grown-up when Dad teaches him the correct way to use a tool.

To watch your little girl's first Easter egg hunt.

To go riding with your son.

To laugh with your toddler when he's being silly.

To share your son's curiosity about nature.

To see your baby's toothless smile.

To coach your son's Little League team.

1-9 The rewards of parenting are many and varied.

To help your granddaughter celebrate her birthday.

To encourage family projects.

To make candle-wicked pillows for your great-granddaughters.

To spend an afternoon at the park with your son and daughter.

To participate in a family outing.

to Review

1. List three major qualifications people need to be competent parents. Select one of these qualifications and explain its importance.
2. What is discipline, and why is it important?
3. Name a myth about the job of parenting, and explain why it is a myth.
4. List six responsibilities of parenthood.
5. True or false. Parents are able to teach their children "better" values than they themselves have because children learn best by listening to what their parents say.
6. What are some of the rewards of parenthood?

to Do

1. Find pictures in magazines and newspapers depicting the job of parenting. Divide and display the pictures according to the following categories: dedication, flexibility, and nurturance.
2. Discuss the important roles that flexibility and a sense of humor play in parenting. In what situations might these be advantageous?
3. Do you accept or reject the parenthood myths presented in this chapter? Why? What other misconceptions do you think people have about parenthood?
4. On a chalkboard or piece of paper, make two lists with the following headings: "Responsibilities of Parenthood" and "Rewards of Parenthood." Working as a class, list statements beneath the headings. Are the lists balanced, or is one list much longer than the other? What conclusions can be drawn?

Baby-sitting for her sister's child may help this young woman decide if she would like to be a parent someday.

Parenthood as a personal choice

This chapter will help you view parenthood as a possible life goal, evaluate your readiness for parenthood, examine several reasons for having children, and consider the choice of remaining childless.

Playing house and pretending to be a mommy or a daddy may have been one of your favorite playtime activities as a child. Now when you see small children in your neighborhood playing house, you may smile and think how cute they are. At the same time, you may be wondering what it would be like to have a real home of your own, with a real spouse and real children.

As you approach adulthood, you begin thinking seriously about your future goals in life. Your goals may include marriage and parenthood. They may also include further education and a challenging career. Only you can decide what goals you want to achieve in your lifetime.

WHAT DO YOU WANT TO DO WITH THE REST OF YOUR LIFE?

Generally speaking, everyone has the same basic unit of time—one lifetime. Have you thought about how you want to spend the years ahead? What do you expect to be doing in your middle-aged years? What do you think your life will be like when you are 70? In your aging years, what do you want to see when you look back over your life? Will you be satisfied that you have had an abundant, fulfilling life?

It may be difficult for you to picture yourself as a middle-aged or elderly person, but that time comes in everyone's life. Thinking about how you will look back over your life when you are old may help you now as you look ahead and plan your life's goals.

You cannot sit down and make a detailed list of every personal goal you will achieve during the rest of your life. You don't have all the information you would need to make that list since you don't know what the future will bring. Yet it is a good idea to make a brief list of the major goals you want to achieve. With definite goals in mind, you will be able to keep yourself headed in the right direction.

As you set goals, be completely honest with yourself. Think about what you really want to do. Think honestly about the skills you have. Think honestly about your potential. What could you accomplish if you put your mind to it?

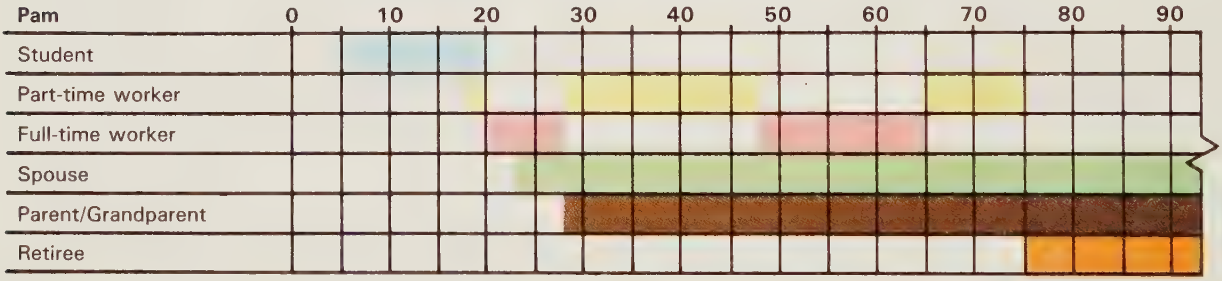
Try to set your goals in a general time frame. You can't expect your life to run exactly on time, but a rough schedule will help you reach more of your goals. One approach to viewing future events is to plot a time line for your life. You can do this by drawing a straight line on a piece of paper and dividing this into five-year segments from age 0 to 90. Fill in the time line with goals you plan to achieve. Examples of time lines are shown in 2-1.

The following questions may help you think about your goals and design a time line for your own life. How long do you plan to be a student? When do you plan to start working? How long do you plan to work? What career goals do you have? What financial goals do you have? What social goals do you have? Do you plan to marry? How old do you want to be when you marry? Do you think you will want to have children? How many children would you want? When will you retire? What will you do during your retirement years?

Deciding what you want to do with the rest of your life involves making many decisions. Luckily, you aren't limited to just one or two goals. In your lifetime, you may fulfill several major goals. Some goals have a definite stopping point, like graduation from college. Some goals, such as being a parent, continue for life. Some goals overlap. For instance, you may work toward fulfilling marriage, parenting, and career goals at the same time.

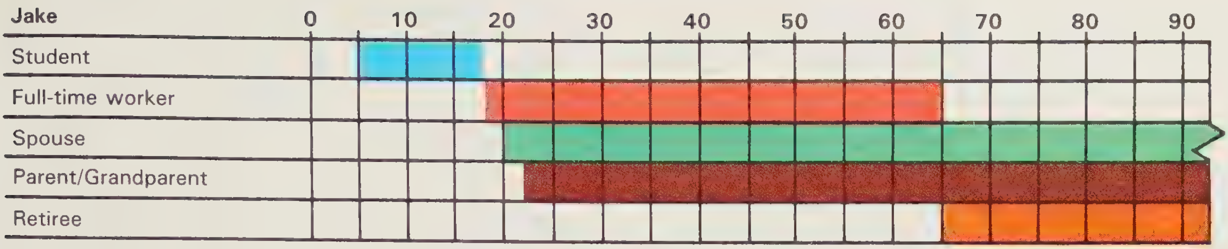
Parenthood as one of life's goals

Choosing your life's goals is not simple. Deciding whether or not to include parenthood

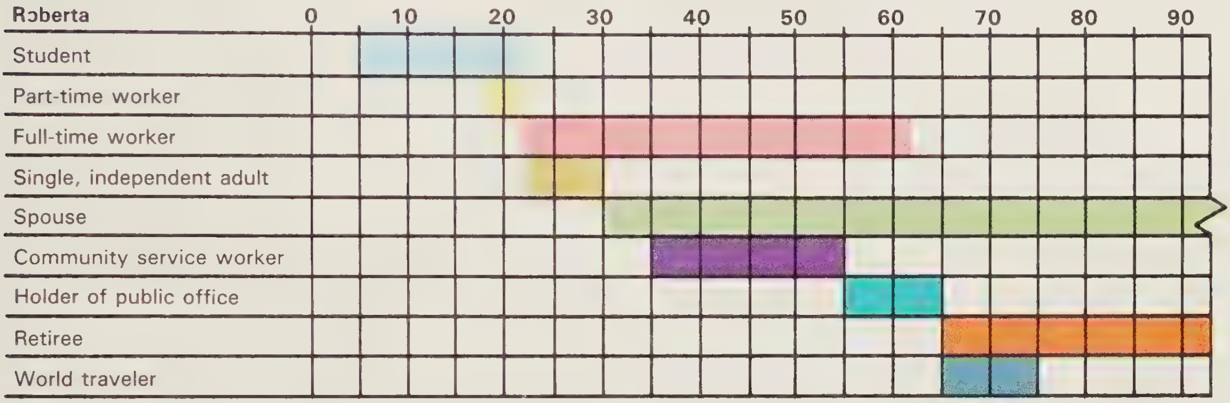


Pam has spent a lot of time thinking about her future. She plans to attend community college and major in graphic arts. She will need a part-time job to help pay college expenses. She would like the job to be related to photography which is her hobby. After graduation, she plans to spend several years working full-time for an advertising agency. Ideally, she would like to get married in her early 20s. After a few years of marriage, she would like to have children. She would like to stay home when her children are growing up. During that time, she would like to do photography and graphic design on a free-lance basis. This would allow her to have time for her children, to keep in touch with business associates, and to earn some income. Then when her children are older, she would be ready to go back to a full-time job until the age of 65. If her health is good at that time, Pam plans to ease into retirement by doing some free-lance work again.

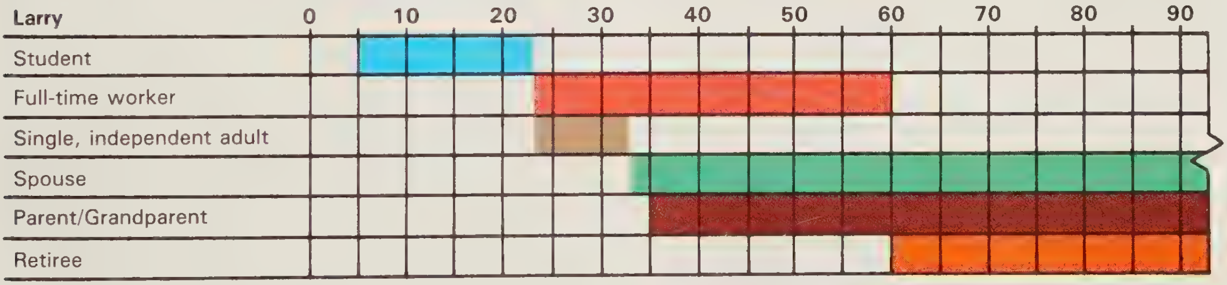
2-1 Time lines may be helpful in setting lifetime goals.



Jake's plans are simple. After graduating from high school, he plans to get a job in the local steel mill. Like his father, he plans to work there until he retires at 65. Jake would like to get married a couple years after graduation and start a family a couple years later.



Roberta has ambitious plans, beginning with earning a college degree in business administration. She would like to work part-time for a local business as she attends college so she will have a better chance of landing a good job after graduation. Roberta would like to get married someday, but not until she has spent several years on her own. She plans to spend those years concentrating on her career. Roberta is not interested in parenthood. She would like to spend some of her free time in community service and eventually hold public office. She has high financial goals and plans to be able to travel extensively during retirement.



Larry is looking forward to enjoying his adult life. He plans to belong to a fraternity while going to college to earn a degree in civil engineering. He might need more than the normal four years to graduate, but he won't mind if he is having a good time. When Larry graduates, he wants to work for a construction company in a position where he will not have to sit at a desk all day. He hopes to have a lot of time for his hobbies of hiking, fishing, woodworking, baseball, and racquetball. He would like to do some traveling too. He wants to be on his own having fun for a long time. Eventually, he would like to get married. He thinks he would like to have a child, but it will depend on his wife's attitude. Larry would like to be able to save enough money to retire early. He is already looking forward to retirement when he can spend all his time on his hobbies.

2-1 (continued)

as a goal may be especially difficult.

You can choose your life's goals from hundreds of alternatives. Your choices will often be based on your knowledge and experience. For example, if you know you like music and have enjoyed playing the flute, you may want to study music in college. If you type well, you may want to work as a secretary. If you enjoy writing, you may want to become a journalist.

Unlike those decisions, you cannot base the decision of whether or not to become a parent on knowledge and experience. It is good to study about parenthood and to get experience working with children. But you can't really know what it is to be a parent or to experience parenthood until you have a child of your own.

Your decisions about your education and career are not necessarily final. You can change your mind. If you don't enjoy studying music in college, you can change your major. If you don't enjoy working as a secretary or journalist, you can change jobs until you find one you like.

Once you choose parenting as a goal, you can't change your mind. When you have a child, you can't go back and decide you really don't want to be a parent. This is the one decision in your life that is irreversible. That's why you need to think about parenthood so carefully before you choose it as a goal. It will change your life forever, 2-2.

Deciding about parenthood may be even more difficult than deciding about marriage. When you are considering marriage, you know the person who would be your spouse. You can evaluate his or her strengths and weaknesses. You can spend time with the person to find out if you are really compatible.

Parenthood does not allow those options. You can't "try out" a child. You must accept the child that is born to you. You will not have the chance to practice being a parent to your child. Your experiences with other children are not the same as the experiences you will have as a parent. You can't play house as you did when you were a child and then quit the game when you become bored. Parenthood is real—an everyday experience for the rest of your life. Even when your children are adults, you will care for them and be concerned about them.

HAVE YOU ACCEPTED YOURSELF?

The first step to success in any human relationship is a healthy self-concept based on self-acceptance. You have to know yourself, accept yourself, and like yourself. Only then will you be able to know, accept, and like others. This is true in any relationship: boyfriend/girlfriend, wife/husband, employee/employer, parent/child.

No one is perfect. Everyone has strengths and weaknesses. Can you look at yourself objectively and recognize your strengths and weaknesses? Can you admit that you don't do some things as well as other people do them? Do you realize, without bragging, that you do some things better than other people do them? Do you recognize faults in your personality? Are you consciously trying to correct those faults? Overall, are you pleased with the way you look, think, and act? Are you the kind of person you would like for a friend? If so, you have a healthy self-concept.

Once you learn to accept yourself as you are, you are more likely to form successful relationships with other people. You are willing to accept the strengths and weaknesses of other people. You are not afraid of letting others find out about your strengths and weaknesses. You can be straightforward and honest with people. Communication lines are open so you can share ideas and settle differences.

As you consider the option of parenthood, you need to examine another aspect of your self-concept. Can you see yourself as the guiding force in a child's life? Do you think you would set a good example for a child? Could you teach a child about life? Could you take care of a child and fulfill all of his or her needs? Competent parents have healthy self-concepts. They believe in themselves and feel that they have a lot to offer in parent-child relationships. See 2-3.

WHAT DO YOU KNOW ABOUT CHILDREN?

Before you make decisions about parenthood, you need to have some knowledge of children's growth and development. You can learn about children in many different ways.

Perhaps you have contact with small children as you baby-sit or interact with nieces or nephews. These experiences give you many good opportunities to see children and to evaluate the care they need. If you have younger brothers or sisters, you have the chance for daily contact with children. Some students enroll in work experience programs and are employed in child day-care centers. These students receive valuable experience in child play, discipline, and development. Child development classes and parenting classes are also valuable sources of information about children.

Knowing the basic principles of child development and basic parenting techniques will help you prepare for parenthood. The stages of children's development follow a patterned sequence. Children's physical, intellectual, emotional, and social growth proceeds at a fairly standard rate. The growth that occurs in each stage depends on the growth and development that occurred in previous stages.

Of course, there is no way to learn exactly what your child will be like. There is no way to learn exactly how you should react to every situation you will face as a parent. Some parenting skills, by necessity, are learned only through "on-the-job" training. Yet a basic knowledge of children and their development will help you make wise decisions about having children of your own and guiding their development.

DO YOU LIKE CHILDREN?

As you interact with children, take the time to evaluate your feelings. When you spend time with children, are you working or having fun? Are you tense and nervous or calm and relaxed?

2-2 Once a child is born, the parents' lives are changed forever. Where there were two, now there are three.

2-3 Caring for a child from infancy to adulthood is an awesome responsibility. Parents need a healthy self-concept to accept the challenges they will face.

Do you consider their stories and games interesting or silly and boring? See 2-4.

How do you feel afterward? Are you relieved to be back in an adult world, free from dirty little hands and busy mouths that never stop asking questions? Are you tired, irritated, and frustrated? Or are you still smiling, in awe of little bodies that have so much energy? Are you enthusiastic about the children's progress and already thinking about new ways to capture their interest and further their development?

How do you react to children under less than ideal conditions? Are you willing to soothe a child's tears? Do you mind changing a baby's diapers? Do you have the patience to feed a toddler lunch—and then clean up the mess? Can you cope with a child's temper tantrum without throwing a tantrum of your own?

Caring for your own children will be different from caring for other children. Besides, everyone has good days and bad days. Even the best baby-sitters and parents are irritated with children at times. But overall, "good" parents are those who enjoy their children. If you don't like to be around children, you aren't ready for parenthood.

REASONS FOR HAVING CHILDREN

Most people spend most of their lives as parents. If they are willing to do this, they must have some good reasons.

As an expression of love

Perhaps the best reason for bringing a child into the world is as an expression of love. When a husband and wife love each other and both are ready and willing to become parents, having a baby is a wonderful experience. Nothing else compares to the closeness a couple can feel as they share the joys and responsibilities of raising their child. See 2-5.

New emotions develop as a man and woman become parents. They feel parental love for the first time. This love is based on concern for the well-being of the child. New parents are suddenly responsible for the life of another human being. The idea may be frightening at first. But if they have prepared themselves for parenthood, they will soon accept the responsibilities and look forward to raising the child. They know they will face many challenges, but they also know they will have great opportunities for personal growth and development.

Parental love does not replace other forms of love. On the contrary, it may enhance other forms of love. Parents may discover a new depth in their love for one another. They may also grow to respect each other more as they see each other appreciating the joys and coping with the stresses of parenthood.

To establish a family life-style

Another reason for having children is to establish a family. Some people enjoy a family

2-4 Evaluate your feelings after spending the afternoon at a child's birthday party. They may help you decide if you like children enough to become a parent.

life-style. They genuinely like children, and they enjoy being surrounded by children of all ages. These parents look forward to sharing their lives with their children. They believe their lives will be richer because of the wide range of interesting experiences their children will bring to their home.

To have the experience

Some people become parents because they are afraid they will miss out on something if they don't. See 2-6. They want to squeeze everything they can into their lifetimes. They may not be sure that they will like parenthood, but they are very sure they don't want to miss it. They don't want to wake up one morning and discover that they are too old to become parents. They are afraid that their lives will be unfulfilled unless they have had a chance to teach their children nursery rhymes, make Halloween costumes, and organize Easter egg hunts.

To satisfy curiosity

Curiosity is a powerful human trait. It may even motivate people to have children. People wonder what their children would be like. They wonder if their children would resemble them in appearance and personality. People wonder how their own experiences as children would compare with the experiences their children would have in today's world.

People are curious about themselves as well as their children. They wonder if they would be good parents. They may wonder if they could raise their children as well as their parents raised them. Or they may wonder if they could avoid problems their parents had. The only way to satisfy such curiosity is to have children.

To fulfill role expectations

Some people never seriously debate the question of whether or not to have children. They have grown up with the assumption that someday they would be parents. They include

2-5 Love is the best reason for having a child.

2-6 Some people choose to become parents because they do not want to miss the special experiences of life that children make possible.

parenthood in their plans just as they include graduating from high school, working at a full-time job, and getting married. Their grandparents have raised a family. Their parents have raised a family. It seems only natural that they will raise a family too.

POOR REASONS FOR HAVING CHILDREN

Different people have children for different reasons. Labeling their reasons as "good" or "bad" seems unfair. Yet research shows that certain reasons for having children generally have unhappy consequences and that certain reasons are based on unrealistic expectations. These are the reasons that will be discussed in this section.

Giving in to family and peer pressure

Since most people have children, relatives sometimes put pressure on young people to do the "normal" thing and have children. Parents may want grandchildren to carry on the family name. Parents may also want grandchildren whom they can show off to their friends.

Peer pressure to have children may be great. Some young people become parents to prove that they are mature or that they are real men and women. Some people become parents because all their friends are having children.

Generally speaking, being pressured into parenthood is not a good idea. Raising children involves a lot of hard work, and it is the parents who have to do that work. Grandparents and friends may help a little now and then, but if parents aren't prepared for the job, they will have a big—and unpleasant—surprise.

Trapping a partner

Parenthood is a serious commitment which should be based on the desire to have a child. It is not a good idea to use parenthood as a trap for a partner. A marriage that occurs just because the man and woman are trapped by a pregnancy is likely to fail. The responsibilities and financial pressures of parenthood strain the new marriage and often dissolve it.

For similar reasons, a shaky marriage is not strengthened by having a child. Spouses may think a child will bring them closer together, but research shows that this is not true in most cases. If spouses are already drifting apart, a child will probably push them even farther apart. The differences they have will become even more obvious under the strains of parenthood. With a baby, they will feel even more tied down. They will have less time to pursue leisure-time activities. They will have less money to spend. These pressures seldom work as a binding force in a weak marriage. Instead, they generally push the couple to divorce.

Wanting children for friends

Some people have children because they want friends and companions. This reason is especially common among unmarried mothers. They think that children will bring love and happiness to their lives. They think about how cute babies are. They are sure they will love their babies, and they are sure their babies will love them.

Their thought process usually ends there. They may not take the time to think realistically about what their lives will be like with children. They may not realize that children need to receive much more love, care, and attention than they are capable of giving. They may not realize that they will not always be the most important person in their children's lives. As children grow, they need to have contact with many other people. Eventually, they will go to school and meet new friends. Children have lives of their own. They should not be expected to spend all their time showering their parents with love and attention. If parents are unrealistic enough to expect this of their children, they will be disappointed.

Wanting children for companions during old age

The fear of being alone later in life prompts some people to have children. They are afraid of wasting away in their later years, forgotten by the rest of the world. They think no one will care what happens to them. So, they decide to have children who always will be concerned for their welfare and will be there when they are needed.

This theory has several flaws. Parents will have to spend many years and a lot of money raising children. It is a huge price to pay for a little attention in their old age. Besides, the plans may not work out. The parents may not live long enough to need help and attention in their old age. Or they may be so active and healthy that they don't need extra care from their children. The children may die at an early age, or they may be handicapped and incapable of caring for their parents. Another possibility is that the children may move to another state or country and barely keep in touch with the parents.

People who are worried about their old age might do better to develop good relationships with friends and neighbors and to save money for good medical care. Having children does not guarantee companionship and care later in life.

REASONS FOR NOT HAVING CHILDREN

Society undergoes constant change. In recent years, family structures and individual roles have undergone the most change. Today, people are free to choose whether or not they want to have children. Common reasons for choosing to remain childless will be discussed in this section.

Freedom

People who choose not to have children have more time for themselves. They can have privacy, peace, and quiet whenever they choose. They have more leisure time to spend with spouses, friends, relatives, and neighbors. They have more time to pursue hobbies and to travel, 2-7.

Adults without children have more flexible schedules. They may choose to sleep late Saturday mornings. They may decide to take a spur-of-the-moment weekend trip. They may decide to extend a quick trip to the store into an all-day shopping excursion. They may be so involved in a hobby that they keep working through the dinner hour and well into the night. Their lives are run by their own motives, not by children's schedules.

Financial concerns

Children cost a great deal of money. People without children have more money to spend on other things. They can earn and spend their money as they choose, buying what they want, not just what they must have. Instead of toys, they may buy a real sailboat. Instead of school supplies, they may further their own education. The point is not how they spend the extra money. The point is that adults without children are more likely to have extra money to spend.

Career development

Pursuing a challenging career is a demanding task. It may mean going back to school for additional classes. Long hours of work, including weekends, may be required.

Raising children is also a demanding task. It may mean giving up many leisure-time activities. Long hours of loving care and attention are required.

2-7 A person without children may have more opportunities to travel and see interesting sights such as this castle in Helsingborg, Sweden.

Adults who don't have children have more time to devote to their careers, 2-8. They generally have more concentration to give to their careers, too, since they don't have to worry about how their children are feeling or what they are doing.

People without children have another advantage in career development. These adults generally have fewer financial responsibilities and debts. Thus, they are freer to work at jobs they really enjoy rather than jobs that pay the highest wages. They are freer to take the risk of changing jobs or even entire career paths if they feel unhappy or bored in their work. They don't have to stay at jobs they don't like just to make sure the mortgage can be paid and the children can have new winter coats.

Desire to focus on marriage relationship

When a husband and wife love each other and enjoy sharing their lives with each other, they may decide not to have children. They may enjoy the life-style they have established and may not want to change it to accommodate children

A couple in this position want to give all their love and attention to each other. They want to work together to develop mutual interests. They do not feel they need children to fulfill their lives.

Fear

Fear often prevents people from having children. Some are afraid of committing themselves to a long-term relationship. Some are afraid of the financial commitments of parenthood. Others are afraid of the emotional commitments—or the lack of them. Many stories are told about couples splitting up after children are born. Couples may feel that their marriages are more secure without children.

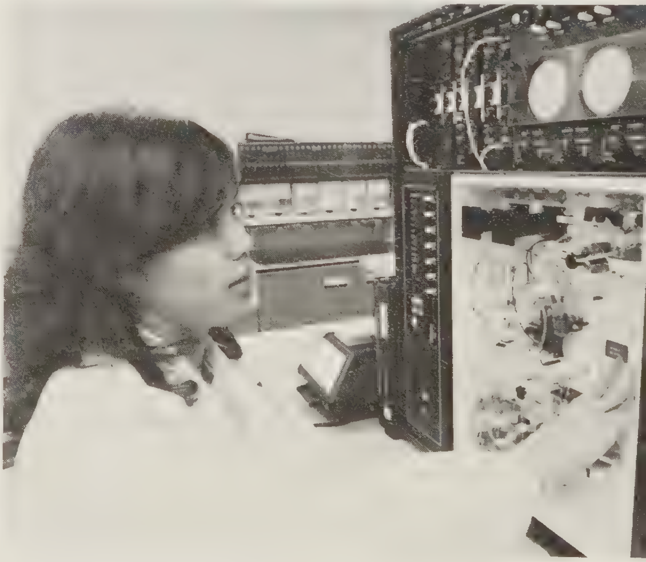
Some people are afraid that their children would be handicapped. Some fear that they would repeat mistakes their parents made. For instance, adults who were abused in their childhood may be afraid of abusing their own children.

Another fear that prevents couples from having children is the fear of overpopulation. They see too many people being born and using too many of the world's resources. They do not want to make the situation even worse by bringing more children into the world.

DECISION-MAKING

Parenthood is an option in life which you may or may not decide to choose. Basic decision-making skills can help you make responsible decisions about any option, including parenthood. A decision-making chain for marriage and parenthood is shown in 2-9.

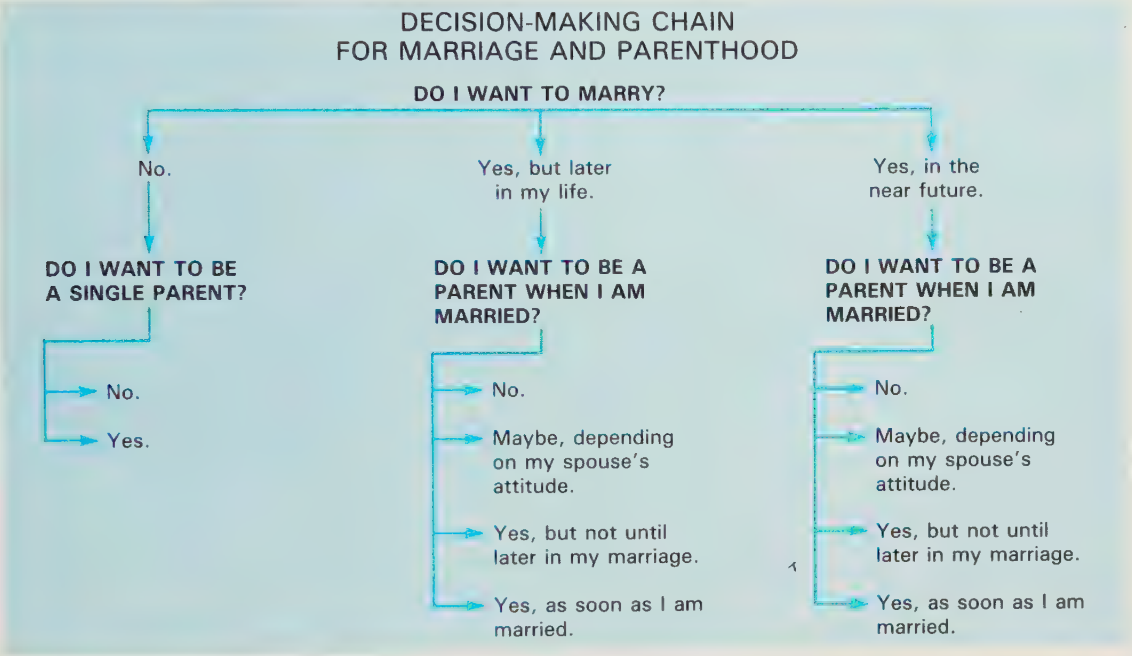
When making a decision, you need to consider all available alternatives and review all possible consequences. In relation to parenthood, this means you should consider how having children would influence other aspects of your life. You should consider what responsibilities you would accept and what privileges you would gain through parenthood. You should review the possible consequences from your own viewpoint and from the viewpoint of your mate and future children. Remember that the decisions you make prior to conception can be reversed. You can reevaluate your thoughts



2-8 A person may choose to devote time and energy to a career rather than to parenthood.

about parenthood many times over a period of years. But once a child is born, your choice of parenthood is irreversible.

As you study the decision-making chain, try to clearly assess your true feelings about possible future parenthood. Each person needs to give serious thought to the question of parenthood before entering a relationship with another person. At that time, the thoughts of both persons will have to be compared and evaluated so a mutual decision can be made. Parenting is a two-person process, and the decision to have children must be shared by both prospective parents. This mutual decision-making process will be examined more closely in the next chapter.


DECISION-MAKING CHAIN
FOR MARRIAGE AND PARENTHOOD
DO I WANT TO MARRY?
No.
Yes, but later in my life.
Yes, in the near future.
DO I WANT TO BE A SINGLE PARENT?
No.
Yes.
DO I WANT TO BE A PARENT WHEN I AM MARRIED?
No.
Maybe, depending on my spouse's attitude.
Yes, but not until later in my marriage.
Yes, as soon as I am married.
DO I WANT TO BE A PARENT WHEN I AM MARRIED?
No.
Maybe, depending on my spouse's attitude.
Yes, but not until later in my marriage.
Yes, as soon as I am married.

2-9 Every adult faces decisions about marriage and parenthood.

to Review

1. What is the purpose of designing a personal time line?
2. How do decisions about education and career goals differ from the decision to become a parent?
3. True or false. The first step to success in any human relationship is a healthy self-concept based on self-acceptance.
4. True or false. If you don't like to be around children, you aren't ready for parenthood.
5. What is the best reason for having a child?
6. Name four "poor" reasons for having a child.
7. True or false. A shaky marriage can be strengthened by having a child.
8. List five reasons for remaining childless. Choose one reason and explain the thinking behind it.

to Do

1. Design your own personal time line. Keep it with your class notes and refer to it periodically. As your study progresses, notice any changes in your goals. What conclusions can you draw?
2. In class, discuss why deciding about parenthood may be even more difficult than deciding about marriage.
3. As a class, make two lists: "What I like about children" and "What I don't like about children." Discuss how the items listed might affect parenthood decisions.
4. Invite two married couples, one with children and one without children, to visit your class. Ask them about their decisions to have and not to have children.
5. Refer to the Decision-Making Chain for Marriage and Parenthood. On your own, follow the chain of decisions based on your current feelings. What changes in your life might alter your decisions? What might your decisions be in five years? in ten years?

Baby-sitting for a nephew may help this young couple decide if they would like to be parents in the near future.

3

Parenthood as a joint decision

This chapter will help you view parenthood as a mutual commitment, identify factors that determine a couple's readiness for parenthood, realize how children will affect a couple's financial and career goals, and appreciate the importance of the parenthood decision.

In the previous chapter, you were asked to examine your own thoughts and goals related to parenthood. No matter what direction your life takes in the future, it is to your advantage to have a clear understanding of your feelings about parenthood. Then, when you are faced with the option of parenthood, you will be ready to discuss the topic rationally.

In this chapter, you will be asked to consider your spouse's thoughts and goals related to parenthood. Because marriage is generally considered to be the ideal setting for raising children, this chapter is written from the viewpoint that you are already married. Of course, this may or may not be true. Perhaps you are engaged or just thinking about marriage. Maybe you won't be ready for marriage and parenthood for several years, if ever. The point of this chapter is that the decision to have or not to have children should be made by a man and a woman together. Whenever you face this decision, this year or ten years from now, you should be prepared to share the decision-making process with your mate.

WHAT DO YOU WANT FROM YOUR LIFE TOGETHER?

Just as it is important to set goals for your own life, it is also important for you and your spouse to set goals for your life together. Do either or both of you plan to continue your education? What career plans do each of you have? What financial goals do you have? Will your career plans enable you to meet your financial goals?

Have you and your spouse talked about having children? Do you agree about if and when you should start a family? If you do plan to have children, have you discussed how many children you would like to have? What kind of child care would you want? Would one of you stay home with the children? Who? For how long?

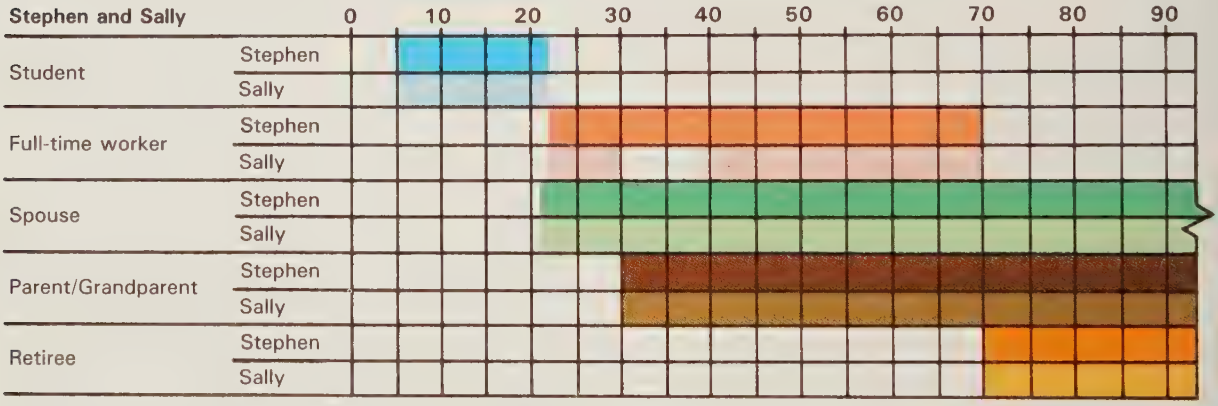
What goals do you have for your social life and your leisure time? Do you plan to buy a vacation home somewhere? Do you plan to do a lot of entertaining in your home? Do you plan to travel, or do you prefer to spend vacations at home? How do you plan to use your leisure time? What plans do you have for retirement?

The best way to make plans is to write them on paper. Written plans can be studied objectively and reviewed easily over a period of time. You and your spouse may want to make a list of your short-term and long-term goals. Or you may want to make a time line for your married life like the one shown in 3-1. Putting your plans on paper will help you avoid misunderstandings. It may also help you be more realistic. For instance, you may realize that your educational goals aren't high enough to reach your career and financial goals. Or you may realize that you would be foolish to make plans for extensive traveling during the years when you plan to start a family.

A couple who have a plan for their life together have a better chance of being satisfied with that life. They know where they are headed. Together, they can look ahead to their future with optimism. Even on a day-to-day basis, they can see a purpose behind the work they are doing and the sacrifices they are making. They are less likely to wake up one day and find themselves unhappy with their marriage and disappointed with the direction their life together has taken.

DO YOU HAVE A SECURE RELATIONSHIP?

When you and your spouse begin to think seriously about having children, you should



Stephen and Sally met in college and were married during their senior year. Now that they have graduated, they have both started working in a small printing business. In about six years, they plan to be able to buy into the business. They would like to have their first child a couple of years after that and another child two or three years later. Sally plans to stay at home while the two children are small. Then she plans to return to the printing business to build up college funds for the children.

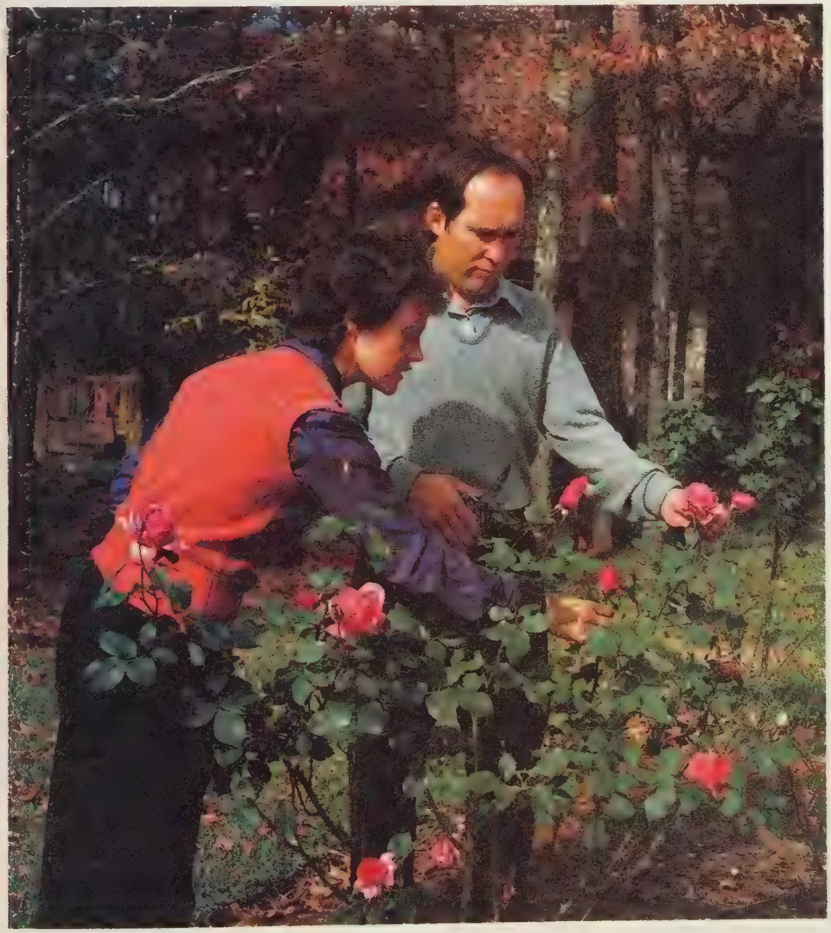
3-1 Making a time line may clarify a couple's thoughts and plans.

take an honest look at your relationship. How well do you communicate your thoughts and feelings to each other? A weak pattern of communication is likely to become even weaker under the stress of pregnancy and parenthood.

Do you and your spouse generally agree or disagree on issues? If you have established a pattern of arguing a lot, children will give you even more reasons to argue. If on the other hand you and your spouse are generally in agreement, you are likely to agree about the issues of child care and guidance, too. Parenthood will be even easier if you can still respect each other's ideas and opinions even when you disagree.

Are you and your spouse secure in your roles as husband and wife? Are each of you content with your life as a married person? Do you truly love your spouse? Do you feel that your spouse truly loves you? Are you both dedicated to your marriage? Are you willing to work together to make sure your husband/wife relationship remains the primary one in your lives? These are the commitments spouses need to maintain a strong, healthy marriage, 3-2.

Are you and your spouse ready to accept the roles of mother and father? Each of you already has several roles, including that of husband or wife. You are also either a son or daughter and perhaps a sister or brother. In addition, you may be a student or wage earner. Taking on the additional role of a parent is an option you may or may not want. If you do choose to become a parent, it is important to



3-2 When spouses love, respect, and communicate with each other, their relationship could be a secure basis for a happy family if they choose to become parents.

be aware of the multiple role commitments you will have. Then you will be more likely to balance those commitments successfully.

ARE YOU READY FOR PARENTHOOD?

As you and your spouse consider the option of becoming parents, you must decide not only if you want to have children, but also if you are ready to have children. Even if you both want children, you may or may not decide to delay starting your family. As you think about this decision, you will want to consider all of these factors: emotional, social, intellectual, and physical.

Emotional factors

One of the simplest tests of whether or not your relationship is ready for the addition of a child is determining if you both honestly want a baby. The importance of this statement is centered around the three words *both, honestly,* and *want*. When each spouse is honest with the other in expressing the desire to be a parent and when both are willing to express this desire, then they are usually ready to have a baby.

When a man and a woman make a mutual commitment to parenthood, the feeling of complete sharing that they have already felt will be strengthened. If both desire to have a baby, they can both look forward to parenthood as a positive expansion of their life together.

Not all pregnancies are planned. Fortunately, an unplanned baby is not necessarily an unwanted baby. In the event of an unplanned pregnancy, the mother and father can still view the baby as a positive addition to their life. They can use the period of pregnancy to prepare emotionally for the baby. Ideally, by the time the baby is born, the parents will want the child and will be ready and willing to love and care for the child.

The story may have a different ending if only one spouse really wants to have a baby. A happy marriage may be severely damaged if pregnancy occurs in spite of the fact that one spouse definitely does not want to become a parent. This person may feel trapped by the other partner. In this case, the spouse who feels trapped may leave to remain free from the responsibilities of parenthood. If the spouse stays, the feeling of entrapment may develop into resentment of the other spouse. Eventually that resentment may explode in neglect or abuse of the partner and/or the child.

Social factors

Once you have a baby, your life will never be the same. If you say "yes" to parenthood, you are saying "no" to other things. You would devalue parenthood if you believed that you could bring children into your life without making some very important changes in your life-style. You can view the changes as either limiting and confining or expanding and fulfilling. A positive viewpoint will help you adapt your life-style to the changing demands of parenthood more easily.

Changes in life-style are definitely a part of the package of parenthood. Your own demands have to be second to those of the new baby. Furnishings in your home have to be rearranged to make room for the baby's paraphernalia, 3-3. The time you can spend away from home is limited. Spouses may resent the fact that much of the time they used to spend alone with each other has to be spent watching and caring for the baby. If one parent stays home all day with the new baby, he or she may feel isolated and bored with the limited routine of infant care. This is especially true if that parent had been used to working in a challenging job and being with a number of people.

Although new parents may resent these changes at first, they usually grow to realize that the new experiences of parenthood are enriching their lives. They learn to absorb changes and shift the focus of their lives to activities they can enjoy within the framework of their expanding family.

If either or both spouses are hesitant about having children because of the changes they foresee in their life-style, they would be smart to postpone having a baby. Their views may or may not change in a few years. In the meantime, having a baby is not a good way to find out whether or not they are ready to adjust their life-style to the commitments of parenthood.

Intellectual factors

In order to be ready for parenthood, you need to be intellectually prepared. Both you and your spouse need to have realistic expectations for your roles as parents. You need to know what responsibilities and commitments you would have. You need to know the basic principles of child development so you would know what to expect of your children at various ages. See 3-4.

You need to know how each of you feels about child care, guidance, and discipline. If you decide to have children, they are going to have to be fed, bathed, and dressed. They will have to be taught to talk, walk, and tie shoelaces. They will have to be taught to use proper manners and to respect other people. They will have to be challenged to reach their potential, rewarded when they do well, and disciplined when they misbehave. You and your spouse must be prepared to perform these tasks.

You can learn about parenting and child development by taking classes, reading books, and observing interactions among parents and their children. The knowledge you gain will give you a realistic view of what you should expect as parents. Then you can decide whether or not you are ready for parenthood. If you decide you are ready, your knowledge will help you avoid disappointments and enjoy the rewards of parenting.

3-3 Parents have to rearrange their home to make room for their baby's furniture, toys, and clothes.

Physical factors

The physical health of a child depends to some extent on the health of the parents, particularly the mother. When thinking about starting a family, you should consider each spouse's genetic background, general state of health, and age.

3-4 Knowing the basic principles of child development helps parents to have realistic expectations. This infant will not be ready for a rocking horse for months.

Many health problems are hereditary, or genetically passed from parent to child. If a hereditary disease or defect runs in either your family or your spouse's family, the two of you may want to consult a *genetic counselor.* A counselor can tell you the statistical odds of your child inheriting the genetic problem. He or she can advise you of all the options available to you.

An honest evaluation of each spouse's physical condition may also influence your decision about parenthood. Ideally, both prospective parents should be in excellent health, capable of handling the physical and emotional stress of raising children, 3-5. The woman's health is particularly important since she will actually bear the child. The physical well-being of an unborn baby depends on the physical condition of the mother before and during pregnancy. The mother's physical health during her own developing years is directly related to the health of her developing baby. If she has had a well balanced diet, regular exercise, adequate sleep, and a stable emotional life, both she and her baby are likely to be healthy.

Age is another important factor in the parenthood decision. Both prospective parents should be mature enough to handle the responsibilities of parenthood. Individuals develop this maturity at different ages but generally not until their twenties.

The question of age, like that of health, is more important for the mother than the father. The ages of 20 through 32 are considered to be the best for childbearing. For a younger mother (one in her teens), pregnancy poses a greater risk for both herself and her child. A teenage girl's body may still be undergoing the changes of adolescence. If her own body has not fully matured, she may have difficulty meeting the physical demands of her developing baby. Pregnancy also poses greater than normal risks for an older mother (one over 35). For instance, the child of an older mother is more likely to have *Down's syndrome*. This condition occurs when body cells have 47 chromosomes rather than 46. Down's syndrome affects both physical and intellectual growth.

FINANCIAL CONSIDERATIONS

Children are expensive. They put a dent in the family budget even before they are born. The dent grows much deeper after birth. Most parents accept this without complaint. They have prepared themselves for the medical bills (which may be covered by insurance). Shopping for the baby's bed, equipment, toys, and clothes is fun. Parents don't mind spending money to buy nice things for their new baby.

The unpleasant shock usually comes later. Parents may have hoped that child-related expenses would eventually fall, but the opposite is true, 3-6. Overall, as children increase in age, they also increase in cost. Older children eat more, wear more clothes, go more places, and participate in more activities. They also need more space and indirectly may force the family to move to a larger, more expensive home.

All these things cost more money. On a yearly basis, child-related expenses add up to a sizable percentage of the family's income. The total cost of raising a child through the college years may run into tens (or even hundreds) of thousands of dollars. Prospective parents should realize that the decision to have a child involves many kinds of commitments, including a financial one.

CAREER PRESSURES

The question of "career and/or children" is one that disturbs many couples. A man and woman would be smart to discuss their feelings about working parents and child care responsibilities before marriage. Later, when they are married and considering parenthood, they will have a basis for a more detailed discussion of how children would affect their marriage and their careers.

There are no right or wrong answers to the question of "career and/or children." Each family has its own set of circumstances and values and must find its own answer. A close look at how two different couples deal with this issue will illustrate several factors to be considered.

David and Suzanne have been married for four years and want to have a child. They both have good, steady jobs. Two years ago, they bought a small house. They need both of their paychecks to pay the mortgage and other living expenses. Therefore, they both plan to continue working after the child is born. They realize the situation may be less than ideal. These are their concerns:

- They may feel guilty about not spending enough time with their child.
- Finding good quality child care may be difficult.
- Even with both paychecks, child care expenses will strain their budget.
- As years go by and schedules become busier, David, Suzanne, and their child may grow to feel that they hardly know one another.
- They may feel the strain of trying to fulfill too many different roles. Expecting each other to be a loving spouse, a caring parent, a skilled housekeeper and cook, and a valued employee is asking a lot.

3-6 Parents of teenagers discover that their expenses grow as their children grow.

3-5 Health is one of the many factors that may influence a couple's decision about parenthood. Good health is a valuable asset for parents.

David and Suzanne know that to make the situation work, they will need these factors working for them:

- Both spouses will need to find satisfaction in their work.
- Both spouses will need to find satisfaction in caring for their child during off-work hours.
- They will need to find quality child care at an affordable price.
- They and their child will need a clear understanding of how problem situations will be handled. For example, a sick child needs to know that a parent will be there to provide care. The parents need to know who will take time off from work to care for their child.
- David and Suzanne will have to share the responsibilities of caring for their child, running the household, shopping, cooking, cleaning, and doing repair and maintenance chores.

Mike and Karen have been married for two years and want to have a child. Mike has high goals for a career in banking. Karen enjoys her job as a nurse, but wants to be a full-time homemaker once their child is born. They realize the potential difficulties in this situation. These are their concerns:

- Their child may develop a close relationship with Karen since she will be at home. This may make Mike feel left out and alienated.
- Mike and Karen may grow apart if Mike's main interest is work and Karen's main interest is their child.
- Karen may be bored and lonely, especially since she liked her previous job and it put her in contact with lots of people.
- The family may feel they are making sacrifices in terms of material goods because they have just one income.
- The parents may exhibit the *empty next syndrome* when their child grows up and leaves home. They may feel depressed and useless when their dependent child becomes an independent adult.

Mike and Karen believe the situation will work if they keep these factors in mind:

- Mike will need to spend much of his off-work time developing a close relationship with their child.
- Mike and Karen will need to take time to communicate with each other so they can grow closer together rather than further apart. Mike needs to know what is happening at home, and Karen needs to know what is happening where Mike works.
- Both spouses will need to be satisfied with the division of labor and the roles they have. Karen will need to find satisfaction in her tasks at home. Mike will need to find satisfaction in his job.
- The family will need to realize the benefits gained by having a parent as the primary source of care, nurturance, and guidance for their child.
- Both spouses will need a healthy mixture of interests so they can continue to enjoy life even as their lives change.

The solutions of these two couples are typical but not necessarily "best." Any solution can work if both husband and wife are happy with the arrangement and genuinely interested in the well-being of their child.

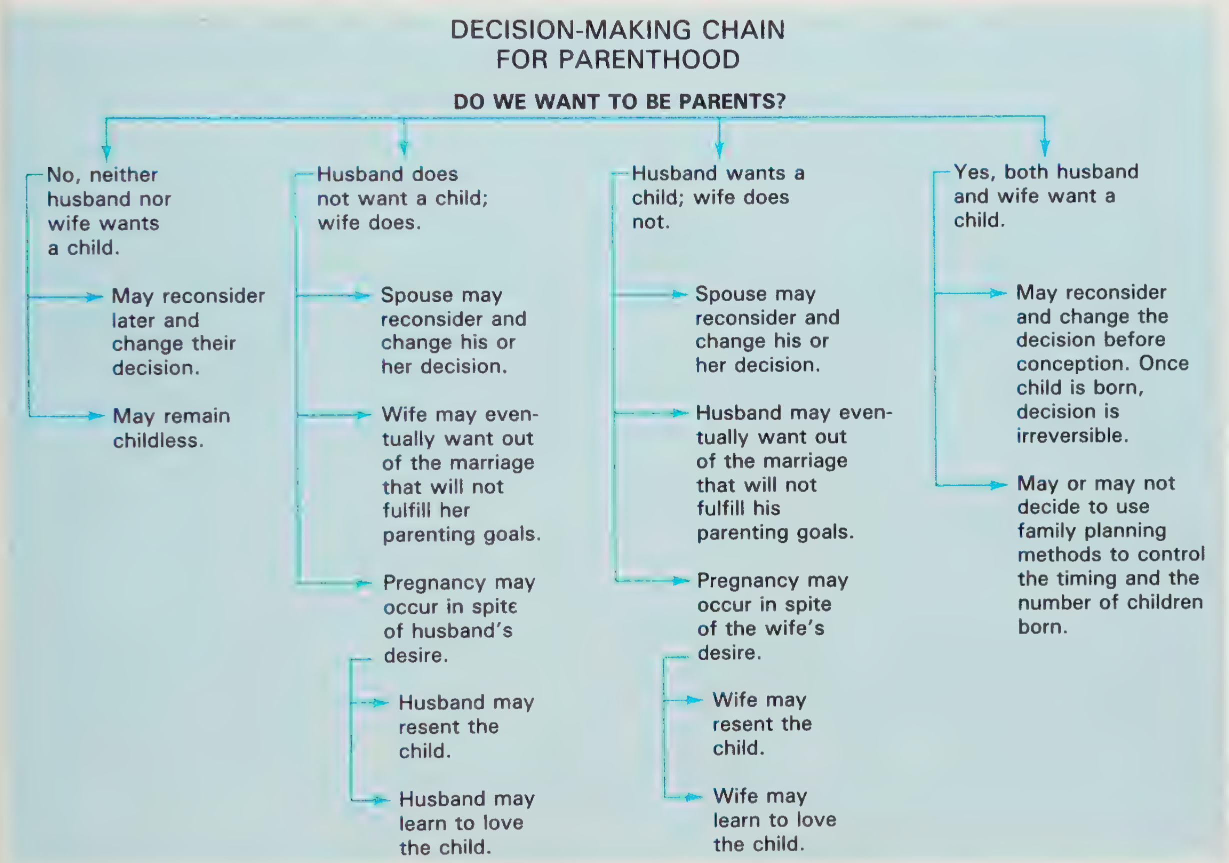
THE DECISION OF PARENTHOOD

When you are married or thinking about marriage, you and your partner will have many opportunities to exchange ideas and make mutual decisions. Perhaps the most important decisions you will make together are those concerning parenthood. In Chapter 2, you read about factors that might influence your personal decision about having children. In this chapter, you have read about factors that might influence the mutual decision of you and your partner. Both perspectives are important. You must have a clear view of what you truly want in life. You must also be able to appreciate what your partner truly wants. Only with a clear understanding will you be able to reach a mutually satisfying decision.

The importance of the parenthood decision cannot be overemphasized. If you decide to have a child, that decision will have a dramatic and permanent effect on at least three people—you, your partner, and your child. The decision will have an indirect effect on many more people, including your relatives, friends, and neighbors. Your baby may not change the course of world history, but he or she will certainly change the course of your life.

Because the parenthood decision has such powerful consequences, it should not be taken lightly. It deserves more thought than simply giving in to your partner's wish (against your own wishes) or doing what all your friends are doing.

One way to approach the parenthood decision is to study the decision-making chain in 3-7. It may help you review the available alternatives and the consequences of each. This approach may give you and your partner a clear view of your own particular situation and help you make the decision that is right for you.


DECISION-MAKING CHAIN FOR PARENTHOOD
DO WE WANT TO BE PARENTS?
No, neither husband nor wife wants a child.
May reconsider later and change their decision.
May remain childless.
Husband does not want a child; wife does.
Spouse may reconsider and change his or her decision.
Wife may eventually want out of the marriage that will not fulfill her parenting goals.
Pregnancy may occur in spite of husband's desire.
Husband may resent the child.
Husband may learn to love the child.
Husband wants a child; wife does not.
Spouse may reconsider and change his or her decision.
Husband may eventually want out of the marriage that will not fulfill his parenting goals.
Pregnancy may occur in spite of the wife's desire.
Wife may resent the child.
Wife may learn to love the child.
Yes, both husband and wife want a child.
May reconsider and change the decision before conception. Once child is born, decision is irreversible.
May or may not decide to use family planning methods to control the timing and the number of children born.

3-7 Logic and forethought help couples make wise decisions about parenthood.

to Review

1. Why is it important for a couple to set goals for their life together?

2. True or false. The husband/wife relationship should remain the primary one for the couple, even after they have children.

3. When spouses decide to have children, they must be willing to accept the multiple role commitments they will have. Explain what this means.

4. List four factors every couple should consider before they decide that they are ready for parenthood.

5. Describe some of the changes in life-style that are a part of parenthood.

6. In what case might a couple want to consult a genetic counselor? Why?

7. Does the cost of raising a child increase or decrease as the child grows older? Why?

8. List five concerns spouses may have if they both plan to return to work after the birth of their baby. List five concerns spouses may have if one of them plans to stay at home after the birth of their baby.

to Do

1. Role play a situation in which either the wife or husband is unhappy about an unplanned pregnancy. Show how the feeling of entrapment might eventually affect the marriage and the parent-child relationships.

2. Discuss the statement: If you say "yes" to parenthood, you are saying "no" to other things.

3. Interview the parents of an infant or toddler about the financial impact their child has had on their lives. Ask them how and why they expect their child's expenses to change in the coming years.

4. Find newspaper or magazine articles concerning career pressures faced by working parents. Discuss the pros and cons of both parents working outside the home. In what ways can a couple share child care duties in a dual-career marriage?

5. Using the Decision-Making Chain for Parenthood as the basis for discussion, evaluate the different parenthood decisions that young couples may make.

Family structures vary, but they are all capable of providing family fun and fulfillment.

4

Parents

This chapter will help you identify the different family structures in our society, evaluate the unique characteristics of each structure, and recognize that each structure can be successful in performing the parenting functions.

Parenting means loving and caring for children, helping them grow. The parenting function is performed in a variety of ways and in many different settings. When children are ill, parents give them loving care. When children are frightened by their parents' absence, baby-sitters comfort and reassure them. When children have difficulty at school, teachers offer them support and encouragement. Each of these examples reveals parenting characteristics.

Although the word "parenting" relates to many kinds of situations, it is applied most often to family settings. In our society, family structures vary. Six common family structures are headed by: married, natural parents; single parents; parents in blended families; adoptive parents; foster parents; and grandparents. Each family structure has its own unique set of advantages and disadvantages. No structure is perfect, yet each can perform the parenting functions successfully.

MARRIED, NATURAL PARENTS

The family unit consisting of husband, wife, and the children born to them is the most popular one in our society. It is what most people want for themselves and their children.

One reason for the popularity of this family unit is that it is believed to provide a stable and secure setting for raising children, 4-1. When a husband and wife are devoted to finding happiness and fulfillment in their relationship, their marriage is likely to be a healthy one. If they have children, their responsibilities will broaden. If they are both happy in their parenting roles, their commitment to their marriage is likely to grow even deeper. This, in turn, will provide a base of security for all family members.

The structure of the family headed by married, natural parents offers opportunities for several close relationships. Ideally, the parents would love each other and their children. The children would love one another and their parents. The close relationships would create an environment of mutual concern, understanding, acceptance, companionship, and cooperation. Such secure relationships should help each family member form satisfying friendships with people outside the family, too.

Another strength of this family structure is that it has both legal and social approval. The husband and wife are joined by a legal marriage certificate. This certificate provides a legal and socially acceptable basis for sexual relations and for the birth of children. Our legal and social system requires parents to be responsible for their children. Parents must provide physical care, emotional guidance, and financial support for their families.

Any family structure can succeed or fail because families are groups of people, and people sometimes make mistakes. But married, natural parents do have the advantage of legal and social support. If they can sustain close relationships within the family structure, they have a good chance for success.

SINGLE PARENTS

A family headed by a single parent may consist of children and their unwed mother or father. Or it may consist of children and their parent who was once married but has lost the marriage partner through death, divorce, desertion, or legal separation.

This is the fastest growing family structure in our country. More and more adults are finding themselves alone with their children. In most cases, these adults start with several strikes against them. They have not planned to be single parents. They have already had to face an unpleasant shock—an unplanned pregnancy, the death of a spouse, divorce, desertion, or separation. They have to deal with new emotions and new financial concerns, and they have to change their life-style. In spite of these problems, single parent families can be happy and successful.

Children in a single parent family can feel just as much love and security as children living with two parents, 4-2. They can grow up to be just as intelligent, cooperative, friendly,

4-1 To be part of a family with married, natural parents is what most people want for themselves and their children.

mature, and responsible as any other children. Some people even view the single parent family structure as having certain advantages. For instance, children of single parents are likely to have more and earlier opportunities to become self-reliant.

The atmosphere in a single parent family home is not always troubled and depressed. In fact, a family headed by a well-adjusted single parent may be happier and more peaceful than a family headed by two parents who argue constantly. One happy parent may be able to give the children more love and attention than two unhappy parents could give.

The single parent family has some built-in disadvantages. Our society is geared for traditional two parent families. As a result, members of single parent families are sometimes stranded in awkward positions. They may even be labeled as the survivors of "broken" homes.

A single parent carries the burden of trying to be both mother and father to the children. For additional support, all family members need contact with persons outside the family. The parent needs contact with other adults. The children need contact with their peers and with other adults. It helps if some of these contacts are with members of other single parent families. Both the parent and the children need to know that their problems are not unique. They need to know that other people have faced similar problems and have solved them successfully.

Children of a single parent also need contact with role models. For instance, if

4-2 Members of a single parent family can feel happy, secure, and loved.

children have little or no contact with their father, they need contact with other adult men. These role models may be other relatives, neighbors, teachers, or friends.

Any family can succeed or fail. Stability is not guaranteed by a certain structure or by a certain number of family members. The quality of the relationships within the family is what really counts. A single parent family can be successful and can provide stable, satisfying parent-child relationships.

PARENTS IN BLENDED FAMILIES

As the number of single parents increases, so does the number of parents in blended families. This is because most single parents remarry and thus create blended families.

Blended families have various structures. Either or both spouses may have been married before. Either or both spouses may have children from previous marriages. The spouses may or may not decide to add to their family by having children of their own.

The key word in describing blended families is "complicated." The relationships within these families may be complicated, including natural parents, children, stepparents, stepchildren, sisters and brothers, half sisters and half brothers, and stepsisters and stepbrothers. Relationships with relatives outside the immediate family may also be complicated. Keeping track of ex-spouses, parents, grandparents, aunts, uncles, and cousins may be confusing.

Running the household may be a complicated job. The life-styles of two different families have to be blended together, 4-3. Chores may have to be reassigned. Bedrooms and closets may have to be shared. Morning routines may have to be changed so everyone can get ready on time. Meals may be eaten at different times, and different foods may be served.

The financial concerns of blended families may also be complicated. Spouses may have to pay alimony and child support. Spouses may have to pay debts left by their former spouses who died. The larger household of a blended family may cost more to run.

Members of a blended family must work together if they are to overcome the many complications they face. They need a positive attitude and a willingness to make the most of the situation. They need a high level of cooperation. They need a big dose of empathy and understanding for one another. They must keep communication lines open to share good news and bad news, to pass along information, and to prevent misunderstandings and hurt feelings.

If family members work together for the good of the group, the results can be fantastic. Each family member can make unique contributions to the family, making the family rich with resources. With a wealth of humor, wit, intelligence, cooperation, empathy, friendship, imagination, and healthy competition, the blended family can be happy and successful.

ADOPTIVE PARENTS

Adoptive parents raise children born to other parents. Reasons for adopting children vary. Some couples are unable to have children of their own. Some couples choose to adopt children because possible defects exist in their own hereditary backgrounds. Other couples are concerned about overpopulation, and they see adoption as a way to experience parenthood without adding to the world's population.

Some people who want to become adoptive parents have to deal with doubts about themselves. A long period of infertility or long delays by adoption agencies may leave them with a sense of inferiority. Some couples question their ability to love and care for a child who is not their own.

People who do become adoptive parents are generally very dedicated to their roles as parents. Their goal to have children has prompted them to make the effort to cut through all the red tape required for an adoption. Once this goal is reached, the parents are likely to be very interested in, and proud of, their family. This intense commitment is helpful because adoptive parents usually have a lot to learn in a short time. Unlike natural parents, they don't have the pregnancy period to adjust to the idea of becoming parents.

Most couples want to adopt a newborn baby whom they can raise as their own. In an ideal situation, the complete medical histories of the child's natural parents would be known. Their hereditary backgrounds would be similar to those of the adoptive parents. The pregnancy and delivery would be free from complications, and the infant would be healthy.

Not all children are adopted as infants. The adoption of older children involves fewer health risks since most hereditary or birth-related problems are detected at an early age. But adopting older children has some disadvantages. The children may feel guilty or depressed about the loss of their natural parents. They may withhold affection from their adoptive parents while hoping that their natural parents will return for them. Some adoptive children may even go through a stage of testing the love of their new parents. They may try to be bad to see if the adoptive parents will love them when they are bad as well as when they are good.

Final adoption papers are not issued until the child has lived with the adoptive parents for a stated period of time. This is for the welfare of the child and the parents. Once the

4-3 Blended families may have many complications, but they also have many opportunities for happy interactions.

adoption is final, the family is bound together legally and can concentrate on strengthening the emotional ties.

The single adoptive parent

The number of single parent adoptions is increasing. As in any adoption, the physical and mental health and the financial status of the prospective parent are investigated. The reasons for wanting to adopt a child are questioned in depth. Plans for the daily care of the child are studied.

An additional requirement for a single adoptive parent is that he or she must show that the child would be provided with models of the opposite sex. For instance, if a woman wanted to adopt a child, she would have to assure the adoption agency that male relatives or friends would spend some time with the child. A man would have to show that female relatives or friends would have contact with the child. Thus, the child would be influenced by both male and female role models.

FOSTER PARENTS

Foster parents provide a child with a substitute family. The primary causes for children to be placed in foster homes are physical or emotional abuse or neglect, sexual abuse, and abandonment. Occasionally, parents are temporarily unable to care for their children and ask the state for help. Foster care may be for a short period of time or for many years.

The majority of children who need foster parents are under ten years old. The basic needs of these children are for physical care, attention, and love. They also need a stable environment to give them a sense of security. Many of these children have been shuffled around to various homes, making them feel insecure.

Foster homes are evaluated and licensed according to state requirements. The placements are made by Child Welfare Offices, usually on the state or county level. Foster parents volunteer their time, effort, and love. They are reimbursed for the children's expenses. The payments vary with each child, family, and state.

Foster parents have the satisfaction of helping children grow and develop, 4-4. Their rewards are the positive contributions they make to children's lives. Foster parents do have some problems. They have to be ready to give up the children whenever the state decides to send the children back to their natural parents. The children who come to them come from many different backgrounds. They are often confused, resentful, and distrustful of adults. They need much love and understanding. The experience of foster parenting can be rich and rewarding for both the foster parents and the children. The service is needed in every community.

GRANDPARENTS

One of the fringe benefits of parenthood is the opportunity to look forward to being a grandparent. Grandparenting is a rich and rewarding experience for many older people.

Grandparents and their grandchildren have very special relationships. Grandparents are often the ones who have the time and patience to read a story over and over again. They are often "fixers" who have the time to mend broken toys or even make new ones. Grandparents and grandchildren have fun sharing experiences like baking cookies, feeding the ducks in the park, and taking train rides through the zoo. Grandparents enjoy helping grandchildren make new discoveries because they know how important these can be to young minds.

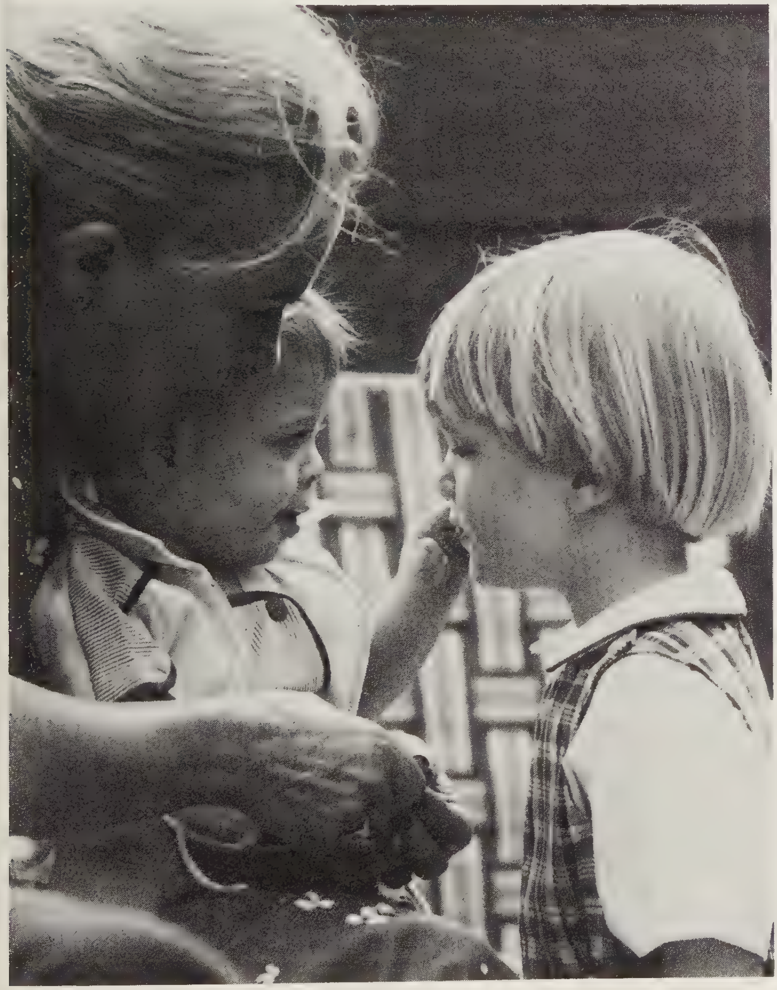
A tricky part of grandparenting is knowing the difference between being lenient with children and spoiling them. Some grandparents boast that they have fun spoiling their grandchildren and then send them back to their parents. Grandparents probably can afford to be a little more generous and lenient than parents. But grandparents who truly love their grandchildren and want what is best for them respect the parents' authority. Grandparents can offer love and attention while still enforcing parental rules and limits.

They can enjoy their grandchildren without upsetting the family equilibrium.

One of the main jobs of grandparents is to serve as the focal point of the wider family of aunts, uncles, and cousins. When families get together for holidays and special events, the gatherings often take place at Grandma and Grandpa's house. Even when families live apart, grandparents bind them together emotionally. They help family members remember all that they have in common.

Just as the roles of parents are changing, the roles of grandparents are also changing. Many of today's grandparents are busy expanding their lives with their own activities. They are becoming more involved in a variety of community groups and hobbies. They take exciting vacations and travel great distances to see their grandchildren's school plays, sports tournaments, graduations, and weddings. Some grandparents have the best of both worlds. They have their independence. Yet they also have the sense of being wanted and needed by their loved ones.

Some grandparents find that their roles are changing in a different way. They are becoming more involved in the lives of their grandchildren. When single parents need help with child care, grandparents may be asked to fill this need. In a case like this, each family has



4-4 Foster parents offer their love and support to help other people's children grow and develop.

to examine its situation and find the solution that is best for all concerned.

Grandparenting can be challenging but rewarding, 4-5. It gives people opportunities for continued growth and expansion of their lives. It helps people recognize the continuity of life. The past is linked with the future as grandparents pass their heritage on to their grandchildren.

4-5 Fun adventures like paddle boat rides help make the relationships between grandparents and grandchildren special.

to Review

1. Family structures are headed by different types of parents. Identify the types of parents described below.
   a. A husband and wife who raise the children born to them.
   b. Parents who serve as the focal point of the wider family of aunts, uncles, and cousins.
   c. A husband and wife who raise children from one or more previous marriages; they may also have children of their own.
   d. Parents who raise children born to other parents and legally claim these children as their own.
   e. A man or woman who raises his or her child or children.
   f. Parents who provide a substitute family for children whose natural parents are unable to care for them.
2. What are the advantages of the family structure headed by married, natural parents?
3. What is the fastest growing family structure in our country?
4. Name three factors which may cause complications for blended families.
5. How do adoptive parents differ from foster parents?
6. Describe two different ways the roles of grandparents are changing.

to Do

1. Watch a TV program based on family life. Identify the family structure represented and analyze characteristics portrayed by the family. Discuss the authenticity of the program's representation of the family.
2. Ask an adoption agency counselor to speak to your class about adoption procedures for infants and older children.
3. Interview a parent or parents who head a family structure different from the structure of your own family. Ask about the roles of family members and the pros and cons of the family structure.

A child can grow up to be happy and healthy in any family structure.

part
two

The beginning of parenthood

5 Planning a family, 55
When to have the first child; If and when to have other children; Human reproduction; Issues of family planning; Genetic counseling; Preventing pregnancy; Infertility

6 Pregnancy, 67
Signs of pregnancy; Prenatal care; Physical changes; Nutritional needs; Emotional changes; Complications during pregnancy; Medications and drugs; Alcohol; Smoking; Toxemia; Rubella; Rh factor disorder; Sexually transmitted diseases; Miscarriage; Fetal development

7 Childbirth, 83
Signs of labor; Three stages of labor; Methods of childbirth; Traditional childbirth; Family centered childbirth; Lamaze method; Leboyer method; Cesarean section; Bonding; Postpartum period

8 New parents, new baby, 93
The first days of parenthood; The husband and wife as parents; How the newborn looks; What the newborn can see, hear, smell, taste, and feel; The newborn's reflexes; How parents care for their newborn; Holding, feeding, bathing, and clothing the newborn; When the newborn cries

Planning helps people reach their parenting goals.

5

Planning a family

This chapter will help you recognize the advantages of family planning, identify factors that influence family planning decisions, understand the process of reproduction, explain the purpose of genetic counseling, and discuss other issues of family planning.

Family planning means that parenthood is by choice rather than by chance. Responsible family planning has several advantages for both parents and their children. It helps ensure that every child born is a wanted child. It helps a couple achieve whatever goals they have set for themselves. They can decide never to have children. They can decide to postpone having children until they have reached certain educational and career goals or until they are emotionally and financially prepared. They can have the number of children they want, spaced over a number of years.

The advantages of family planning are generally well accepted. The methods of family planning are more open to debate. A couple should seek information about the different methods of family planning. They should also examine their own feelings and beliefs about this issue. Then they will be able to have informed, rational discussions about family planning and come to a mutual decision. The best time for such discussions is before marriage, so they can begin their marriage with a clear understanding of their parenting goals.

WHEN TO HAVE THE FIRST CHILD

A common question about family planning is, "When should a couple have their first child?" The simplest answer is, "When both husband and wife feel they are ready to start their family." By the time spouses feel ready to start their family, they probably have already considered many related factors.

One important factor is the security of their marriage. When first married, a man and woman are busy adapting to their new roles of husband and wife. Even a couple who have known each other for years do not really know each other in these new roles. The bonding process between husband and wife takes time, 5-1. Most authorities say that the couple should have at least 18 months to learn their roles as husband and wife before they start planning new roles as father and mother.

Another factor to consider is the emotional maturity of the couple. Parenthood involves commitment, patience, hard work, and sacrifice. Spouses should be ready and willing to accept the many responsibilities of parenthood before they start their family.

The health of the husband and wife may influence their decision about when to have their first child. Those who are unsure of their physical condition may want to delay parenthood or consider other family planning options.

Age is a factor to be considered along with health. Childbearing carries the least physical risk for both mother and baby when the mother is between the ages of 20 and 32. Another consideration related to both health and age is the number of children desired. A couple planning to have several children will probably want to have their first child early in their marriage.

The personal goals of the husband and wife play a major role in the decision-making pro-

5-1 A man and woman may want to take plenty of time adapting to and enjoying their roles as husband and wife before starting parenthood.

cess. If both spouses place a high priority on family-related goals, they may want to start their family right away. If either or both spouses have other major goals, they may decide to delay parenthood. They may want to wait until they have had a chance to travel or to buy some luxury items for themselves. Or they may want to wait until they have achieved a certain level of success in their careers. There is no right or wrong time to have a first child as long as the spouses are happy with the direction their lives are headed. See 5-2.

A very practical factor is financial security. Even one normal, healthy child can strain a budget. If one parent quits working to stay at home with the child, the family income decreases as expenses increase. Spouses may want to build up a sound financial base before starting their family.

For various reasons, a couple may want to start their family immediately, to postpone parenthood and limit the size of their family, or to make sure they never have children. Parenting goals are based on personal decisions.

IF AND WHEN TO HAVE OTHER CHILDREN

The process of family planning continues after the birth of the first child. After experiencing parenthood, a couple may want to reconsider decisions they had made before. They may want more children or fewer children. They may want their children to be born closer together or farther apart.

Many factors influence parents' decisions about having more children. All the factors that influenced their earlier decision to have their first child must be considered again. Several new factors enter into the picture as well.

One important new factor is the health of the child or children already born. Children with special needs require more of the parents' time, energy, patience, and money. Parents

5-2 This husband and wife have decided to delay parenthood as they pursue their combined hobbies of travel and golf.

may feel that they do not have sufficient resources – personal or financial – to have more children. In other situations, parents may feel that other children in the family might help the development of the child or children with special needs.

Emotional factors may influence family planning decisions. If either or both spouses were only children, they may recall how they longed to have a brother or sister. In this case, they may decide to have at least two children. On the other hand, a spouse who was an only child may feel unprepared to deal with sibling conflicts. In this case, the couple may want to have just one child. Couples from large families may be influenced by their backgrounds, too. If spouses grew up in large families, they may want either a peaceful home with a small family or an action-packed home filled with children.

Financial factors are a necessary part of any family planning decision. More children cost more money. Food, clothing, transportation, entertainment, education, and health care costs keep climbing. They climb with the birth of each child, and they climb as each child grows older. Also, as a family grows, a larger more expensive home may be needed. Couples don't have to delay parenthood until their financial future is absolutely secure. They may never reach that point. In fact, very few children are born to couples who feel they have reached total financial security. However, couples do need to have some degree of financial security so that the addition of children will not cause great problems.

Decisions about the spacing of children are related to emotional, physical, and financial factors. Most authorities agree that three to four years between children is best. This allows the first child to achieve a separate status in the family. He or she will be known as an older brother or sister instead of the "older baby." There is likely to be less sibling rivalry as a result. See 5-3.

The spacing of children has an effect on the health of the mother. It takes about 18 months for a woman to resume her normal health following the birth of a baby. The more time she has between pregnancies, the better chance she has for maintaining her health and strength.

Another consideration for the spacing of children is that of future educational costs. If children are born three to four years apart, their college years will overlap little if at all. With college expenses rising, this factor is becoming more important.

HUMAN REPRODUCTION

In order to carry out family planning decisions, couples need a basic understanding of human reproduction. Humans reproduce by a sexual process that bring together cells from the male and the female to form a third living organism. Two sex cells – the male sperm and the female egg – unite to form a fertilized egg. This egg then divides millions of times in forming the new human being.

The man's role

The man's role in reproduction is to produce sperm and deliver them to the woman. A man begins producing sperm at puberty and continues throughout his lifetime. At first, sperm are produced in small numbers, but several million are produced each month by an adult man. Each sperm contains the male set of 23 chromosomes.

Sperm are produced in a man's two *testes* or *testicles*. The testes have an oval shape and are about 1 1/2 inches (4 cm) long. They are contained outside the body in thin walled sacs of skin called the *scrotum*. The external location of the scrotum keeps the testes several degrees cooler than the interior of the body. The lower temperature is required for sperm production and storage.

Next to each testis is a coiled tube called the *epididymis*. The sperm pass through a series of ducts to reach the epididymis. There the sperm are matured and then stored.

Each epididymis is attached to a long, narrow tube called the *vas deferens*. Sperm are carried through the vas deferens up into the man's pelvic cavity. Each vas deferens leads to an *ejaculatory duct*. The two ejaculatory ducts are located side by side and are both connected to the *urethra*. The urethra, or urinary duct, extends through the *penis*. The sperm leave the body through the urethra in the penis.

When the sperm first leave the epididymis, they are relatively inactive. They are propelled upward by contractions of the muscles in the walls of the vas deferens. As the sperm reach the ejaculatory ducts and finally the urethra, secretions from three sets of glands are added to the sperm. The fluids which are secreted help transport the sperm and prepare the sperm to survive in the reproductive system of the woman. Together, the secretions and the sperm are called *semen*. It is this semen which is ejaculated during sexual intercourse.

The woman's role

The woman's role in reproduction is to provide eggs and to carry and nourish a fertilized egg within her body until a baby is born.

A woman is born with about 400,000 immature egg cells. They are stored in her two *ovaries*. Each ovary has an almond shape and is about 1 1/2 inches (4 cm) long. Usually only one egg is released from the ovaries each month, starting at puberty and ending at menopause. Thus, only about 400 eggs are released during the reproductive years of the average woman. Each egg contains the female set of 23 chromosomes.

The process by which an egg is released from the ovaries is called *ovulation*. Each ovary contains groups of cells called *follicles*. Each follicle contains an immature egg. As a follicle matures, it grows larger and pushes through the ovary's surface. When the mature follicle bursts open, an egg is released. This happens about once a month.

A woman has two *fallopian tubes*. Each tube is connected at one end to the uterus. The other end of each tube is fringed and lies close to an ovary. When an egg is released from an ovary, it enters the fringed end of a fallopian tube. The egg cannot move by itself. Instead it is pushed along by the motion of the hairlike cells lining the tube and by the contractions of the muscles in the wall of the tube.

Three or four days are usually required for the egg to be moved through the fallopian tube to the uterus. An egg is fertile for only 12 to 24 hours after ovulation. Therefore, sperm must meet the egg while it is in the fallopian tube to achieve fertilization. The sperm's journey begins when they are deposited in the upper end of the *vagina,* against the cervix. (The *cervix* is the lower portion of the uterus.) Then the sperm must pass through the uterus and finally into the fallopian tube. To achieve fertilization, this journey may begin as early as several days before ovulation since sperm can survive in a woman's body for as long as 72 hours. Or the journey may begin as late as several hours after ovulation since sperm can travel quickly.

The egg eventually leaves the fallopian tube and enters the *uterus*. The uterus is a hollow, muscular organ. Its major purpose is to hold and nourish a fertilized egg as it develops into a baby ready to be born. The inner lining of the uterus is called the *endometrium*. Each month it thickens and develops a large network of tiny blood vessels.

5-3 Spacing children three to four years apart allows the older child to achieve a separate status in the family. The older child may even want to help care for the baby at times.

If the egg is not fertilized, the extra growth of the endometrium sloughs off and passes out of the uterus. The bloody discharge leaves the body through the vagina in the process called *menstruation*.

If the egg is fertilized, a different sequence of events takes place. When the egg and sperm join in the fallopian tube, the chromosomes from the woman and man also unite. The fertilized egg, which will develop into a baby, thus receives a new set of chromosomes, 23 from each parent, or a total of 46. These chromosomes contain all the genetic information the baby will need to develop inherited traits from both parents.

Within hours, the newly fertilized egg begins to divide. By the time it leaves the fallopian tube and enters the uterus, it is a ball of many cells. It attaches to the endometrium of the uterus in the process called *implantation*. Cell division will continue as pregnancy progresses.

ISSUES OF FAMILY PLANNING

The issues of family planning are many, and an individual's decisions must be based on religious, family, and personal beliefs. Those who view family planning as a responsibility say that every child has the right to be a wanted child. Others say that children are conceived according to the plan of God and that no means of birth control should be used. Those in the middle see a need for birth control but use only those methods approved by religious authorities.

Family planning decisions should be made jointly by a husband and wife. Such decisions may involve using methods of preventing an unwanted pregnancy or achieving a desired pregnancy. Couples owe it to themselves to study the facts and examine their beliefs because the consequences of their decisions will have a huge effect on their lives.

Genetic counseling

Responsible family planning often includes *genetic counseling*. This is scientific advice about heredity, especially about the risks of hereditary disorders. Genetic counselors are generally physicians or genetic specialists. They base their advice on medical studies and family histories.

The main job of genetic counselors is to give factual information to couples who fear that they may pass on hereditary disorders to their children. See 5-4. They also refer families who have members with inherited disorders to treatment centers.

The best time to seek genetic counseling is before conception. Many couples seek it even before marriage, especially if there is a history of genetic disorders in either of their family backgrounds.

Genetic counselors begin their work by asking the prospective parents for complete family medical histories. The parents are given physical exams and blood tests. In some cases, their chromosomes may be photographed and analyzed. As a result of these procedures, prospective parents who are carriers of genes for certain genetic diseases can be detected. *Carriers* are persons who possess genes for a disease without suffering any effects of the disease. Those genes, in certain circumstances, could cause the disease to affect the carrier's child.

Genetic counselors cannot prevent birth defects. They simply tell prospective parents the statistical chances of their children inheriting certain diseases or defects. They also tell couples how a certain disorder would affect a child and the family. Once couples know the facts, they can make their own decisions about having children.

Some couples seek the help of genetic counselors after pregnancy is confirmed. If there is reason to believe the fetus may be abnormal, a test called *amniocentesis* may be performed. Fluid is drawn from the amniotic sac surrounding the fetus. By examining the fluid, any chromosomal abnormalities and many chemical errors in genes can be detected. The test is generally accepted as safe for both the mother and the fetus.

If the amniocentesis detects no problem, the parents have the benefit of peace of mind. If a problem is found, the parents can decide whether to continue the pregnancy. Parents who do continue the pregnancy have time to prepare for the birth of their baby who will have special needs. The test results may also alert physicians to problems that may need special treatment either before or just after the birth of the baby.

The man's role in preventing pregnancy

Couples who decide not to have children or to delay having children need to practice some form of birth control. Research is being done to find more contraceptive devices for men. In the meantime, there is only one effective, temporary device for men—the condom.

The *condom* or "rubber" is one of the oldest and most effective contraceptive devices. It traps the sperm and keeps them from entering the vagina.

The condom must be placed over the erect penis before intercourse. Afterward, the condom must be removed promptly and carefully to prevent sperm from spilling out.

Condoms have several advantages. They are inexpensive and readily available. They have no side effects. They also offer some protection against sexually transmitted diseases since they act as a barrier between the penis and the vagina.

The effectiveness rate of the condom is about 90 percent. Failure of the device is usually due to using it incorrectly or failing to use it every time.

Withdrawal refers to the removal of the penis from the vagina before ejaculation. Some people mistakenly believe that it prevents conception. Actually, it is not an effective contraceptive method since some sperm may be released into the vagina before ejaculation occurs.

A *vasectomy* is the surgical procedure for sterilization of a man. It is more than 99 percent effective in preventing pregnancy, but it

5-4 Genetic counselors offer factual information about heredity and the risks of hereditary disorders.

is considered irreversible. The decision to have a vasectomy should not be made hastily.

During a vasectomy, the two vas deferens are cut, and the ends are tied surgically. The surgery has no effect on the man's hormone production or sexual drive. Sperm are still produced, but they are absorbed by the body.

The woman's role in preventing pregnancy

A woman who wishes to prevent pregnancy has several options. Her choice of a method will depend on many factors including her religious beliefs, personal goals, and health.

The pill is the common name for an oral contraceptive. It is about 96 to 99 percent effective. When used correctly, it is the most effective temporary method of contraception.

The pill prevents ovulation by use of synthetic hormones. Since no egg is released, pregnancy cannot occur. The pill is simple to use, but it must be prescribed by a physician. A complete medical history and gynecological examination should be taken to be sure the correct type of pill is prescribed. No woman should take pills prescribed for someone else. Regular checkups by a physician help control any side effects. The most dangerous side effect is an increased tendency for some woman to form blood clots.

The *IUD,* or intrauterine device, is a small soft plastic or metal device which is inserted into the uterus. Its effectiveness rate in preventing pregnancy ranges from 94 to 99 percent.

The IUD works by preventing a fertilized egg from implanting in the endometrium. A woman must consult a physician in order to use an IUD. The physician inserts and removes the IUD. He or she also monitors the health of the woman using the IUD. Several complications and problems may be associated with the IUD. These include excessive bleeding during or between menstrual periods, severe cramps, pelvic infections, and expulsion of the device from the uterus. If the IUD is expelled, pregnancy could occur.

A *diaphragm* is made of soft rubber in the shape of a small bowl. It can be a very effective contraceptive device. Its effectiveness rate varies from 80 to 97 percent. The variation is due to the fact that some women do not use it correctly every time they have sexual intercourse.

A diaphragm covers the cervix and serves as a mechanical barrier to sperm, preventing them from entering the uterus. Spermicidal cream or jelly is usually used with the diaphragm. The diaphragm and spermicide can be inserted anytime within two hours prior to intercourse. The diaphragm should be left in place for at least eight hours after intercourse.

A diaphragm has no health risks, but a physician must be consulted. A diaphragm must be fitted by a physician to ensure proper size.

Vaginal spermicides are products in foam, jelly, or cream form. They must be placed in the vagina, as close to the cervix as possible, shortly before intercourse. Spermicides chemically destroy sperm on contact. They also physically block the opening of the uterus.

Vaginal spermicides are readily available and may be purchased without a prescription. Their effectiveness rate is moderately high, about 75 percent.

A contraceptive sponge is made of soft polyurethane that has been saturated with a spermicide. It is about 2 inches (5 cm) in diameter and pillow-shaped. It fits over the cervical opening. Since there is only one size, it does not require fitting by a physician. Nor does it require a prescription.

The effectiveness of the sponge is comparable to the diaphragm. A small percentage of women who tested it had allergic reactions to the spermicide. The sample testing was not large enough to assess the risk of toxic shock syndrome. As a result, the sponge is not recommended for use during menstruation.

Rhythm is a natural family planning method. It is based on the knowledge that women have a certain time during their menstrual cycle when they are most fertile. Through natural body changes, this time can be identified, and periods of abstinence can be followed. Abstinence is obviously effective, since pregnancy cannot occur without sexual intercourse. Yet rhythm has a rather low effectiveness rate of 60 to 75 percent. The reason is that predicting a woman's fertile period of about eight days around ovulation (on a 28 day cycle) may be difficult. If calculations are wrong, the period of abstinence may not match the woman's fertile period. Pregnancy may occur.

Using the calendar rhythm method, the woman's shortest and longest menstrual cycles are determined. Her fertile period is calculated, and abstinence is practiced during that time. Using the basal body temperature method, the temperature of the woman is taken every morning. Her temperature rises during her fertile period due to an increased level of the hormone progesterone. When this is noted, abstinence is followed for a period of eight to ten days.

The rhythm methods have several advantages. They are acceptable to religious groups that disapprove of other methods of birth control. They have no physical side effects, and they involve no medication. The disadvantages are that a great deal of commitment and attention to planning must be accepted by both partners and that the timing is difficult to calculate. Fewer than eight percent of all women have regular menstrual cycles.

Tubal ligation is the surgical procedure for sterilization of a woman. It is more than 99 percent effective in preventing pregnancy. It is considered permanent, so the woman should be certain she is ready to end her childbearing period before having the surgery.

In a tubal ligation, the fallopian tubes are cut and sealed. This prevents the eggs from coming in contact with sperm. The woman's body will continue to mature and release eggs, but they will disintegrate in the body. The surgery does not affect a woman's sexuality.

Infertility

Although some couples wish to avoid conception, others wish to achieve it and find they cannot. *Infertility* is the temporary condition of being unable to conceive. *Sterility* is the permanent condition of being unable to conceive.

A women is sterile, in the narrow sense, if she fails to produce a mature egg during her reproductive cycle. A man is sterile if he fails to produce sperm or if he fails to produce sufficient numbers of sperm. There are different reasons for each of these conditions.

Couples who want to have children but find that they cannot conceive should see their doctor. Counseling may be all that is needed. In many cases, the emotional impact of wanting to conceive produces stress which, in itself, interferes with conception. In other cases, the problem is physical and can be detected with tests. Once the problem is known, it can often be overcome, 5-5.

If tests show that a man is sterile but his wife is capable of pregnancy, the couple may want to consider *artificial insemination*. Occasionally, a man's own sperm can be used. If this is not possible, a donor may be used. Many factors have to be considered if this is done—religious, moral, legal, emotional, and physical. For some couples, this is the right answer to

5-5 The birth of a healthy baby is an especially joyous event for parents who have overcome a fertility problem.

their desire for parenthood, especially if the woman wants to experience pregnancy and childbirth. Papers will have to be signed indicating that the husband has agreed to the procedure and will become the legal father of the child who is born.

Some couples cannot conceive and cannot or do not want to try artificial insemination. If these couples sincerely want children, they may choose adoption. As discussed in Chapter 4, parents of adopted children face many challenges and rewards, just as natural parents do. Decisions about adoption, or any other family planning issue, have permanent consequences. They deserve the careful consideration of the prospective parents.

Abortion

Abortion is the removal of a fetus from a uterus before its development is complete. Abortions may be either spontaneous or therapeutic. Spontaneous abortion is sometimes called *miscarriage*. It is a natural process, usually triggered by abnormal fetal development. Therapeutic abortion is a surgical process to voluntarily terminate a pregnancy.

The Supreme Court ruled in 1973 that therapeutic abortions are legal under certain conditions. These conditions are directly related to the stages of pregnancy. In the first three months of pregnancy, the issue of abortion is one which the woman must settle in her own mind. In the middle three months of pregnancy, abortions may be performed to protect the health of the mother. However, individual states may impose certain restrictions. In the last three months of pregnancy, states may ban all abortions, except in cases where the life and health of the mother are in danger.

Abortion is a controversial issue in our society. It is discussed by politicians, religious leaders, and civic leaders. There are no easy answers. Every person facing this issue should examine the religious aspects, the medical consequences, and the emotional complications. Some women who have chosen abortion do not have any negative feelings, while others feel deep guilt. Any decision about abortion should be considered carefully since it will have permanent consequences.

to Review

1. Name two advantages of responsible family planning.
2. List seven factors couples should consider before starting their family.
3. Why do most authorities suggest that children be spaced three to four years apart?
4. Identify the terms related to reproduction that are described below.
    a. Inner lining of uterus.
    b. Almond shaped organ containing eggs.
    c. Male sex cell.
    d. Long, narrow tube carrying sperm from epididymis to ejaculatory duct.
    e. Fluid containing sperm and secretions from three sets of glands.
    f. Hollow, muscular organ which holds and nourishes a fertilized egg as it develops.
    g. Oval shaped organ in which sperm are produced.
    h. Lower portion of the uterus.
    i. Female sex cell.
    j. Tube with one end connected to the uterus and the other fringed end lying close to an ovary.
    k. Coiled tube in which sperm are matured and then stored.
    l. Thin walled sacs of skin containing the testes.
5. What is genetic counseling?
6. What is the purpose of an amniocentesis?
7. Name the surgical procedures for sterilization of a man and a woman.
8. What is the most effective temporary method of contraception available to women? How does it prevent pregnancy?
9. Name two alternatives for couples who are unable to conceive.
10. Explain the difference between spontaneous and therapeutic abortions.

to Do

1. Discuss the parenting options faced by couples today. Discuss the advantages of family planning and why they are generally well accepted. Discuss why methods of family planning are more open to debate.
2. Divide the class into five sections, each representing one of the following age groups: 15-19, 20-24, 25-29, 30-34, and 35-39. Ask each section to prepare an oral report on the advantages and disadvantages of starting a family within one of these age groups.
3. Discuss how the decisions about if and when to have additional children compare to the decisions about if and when to have a first child.
4. Collect several articles from newspapers and magazines concerning family planning. Post the articles on a bulletin board and discuss each article.
5. Ask a family planning counselor to present information about family planning to the class. Ask the counselor to describe the methods available, the effectiveness of each, and the possible side effects of each.
6. Discuss the responsibility of preventing pregnancy. Is the responsibility shared equally, or is one partner more responsible than the other? Is there a difference of opinion between male and female students in the class?
7. Ask a genetic counselor to speak to the class. Be prepared to ask questions about who should seek genetic counseling, when counseling should be sought, what kinds of advice may be given, and what steps can be taken in response to advice.
8. Discuss the circumstances under which a couple might use artificial insemination. What factors would they have to consider? What different factors would they have to consider before adopting a child?

Pregnancy is a fascinating time of life during which a couple will share many different emotions.

6

Pregnancy

This chapter will help you identify the signs of pregnancy and understand the importance of good prenatal care. It will also help you recognize the physical and emotional changes that occur during pregnancy, list possible complications of pregnancy, and describe the stages of fetal development.

Pregnancy is a fascinating time of life that is full of contradictions. The development of a fetus seems magical, yet it follows a set biological sequence. Pregnancy is a happy time, but it may also be a time of fear and doubt. The months of pregnancy may seem to go by slowly, but when labor begins the couple may still feel unprepared for the birth of their baby.

No other time of life is as complex as pregnancy. No other time is as mysterious, as exciting, as joyful, or as rewarding.

Signs of pregnancy

Pregnancy occurs when an egg and a sperm unite in the process of fertilization. A few women claim they can sense when they become pregnant. The great majority of women have no idea that they are pregnant until much later, when certain clues become obvious.

A missed menstrual period is the most common first sign of pregnancy. If a woman has had intercourse, and if she has missed a period by more than 14 days, she probably is pregnant. When she misses her second period, the probability is stronger, but by this time she also should have had her pregnancy confirmed by her doctor.

Missing a menstrual period is not a sure sign of pregnancy. A period may be missed for other reasons. These include emotional stress, changes of climate, and chronic diseases such as anemia. If any of these reasons are the cause, the doctor will be able to counsel the woman on proper health care.

Another sign of pregnancy is changes in a woman's breasts. The woman will begin to notice these changes about the same time she misses her first period. The breasts are closely related to the reproductive organs. During pregnancy, the breasts become larger, fuller, and more tender. The *areola,* the pigmented area around the nipple, becomes darker and wider.

Nausea is another common sign of pregnancy. It is often called "morning sickness," although it may occur at any time of day. About one third of all pregnant women have nausea severe enough to cause vomiting. Another third of all pregnant women have waves of nausea. The remaining third feel no nausea at all.

If a woman is going to have morning sickness, it will usually begin shortly after she misses her first period. It usually ends after the third or fourth month of pregnancy. Morning sickness may be aggravated by fatigue, a poor diet, or an empty stomach. Thus, a woman who has nausea should try to get plenty of sleep and eat nutritious foods. She should also eat several small meals a day rather than two or three large ones.

Choosing a physician

As soon as a woman notices symptoms of pregnancy, she should visit a doctor. If possible, her husband should go with her. They may go to their family physician or to an *obstetrician.* An obstetrician is a physician who specializes in the care of pregnant women and the birth of babies.

Most couples are referred to a physician by friends or relatives. Other couples call the local hospital or American Medical Association for a list of physicians in the area. A couple should choose a physician who helps them feel comfortable, confident, and secure. If they have specific wishes concerning childbirth procedures, they should be sure to find a physician who will go along with their wishes.

The first visit to the doctor is an important one. The doctor will review the couple's medical histories. The woman will be asked about the signs of pregnancy she has noticed. She will be given a thorough physical examination, and a few lab tests may be done.

One of the most common lab tests is a simple urine test. If the test shows the presence of the hormone chorionic gonadotrophin, the woman is pregnant. The test is so simple that it is sold in do-it-yourself kits in drugstores. Such a test may be accurate, but it is not a substitute for a visit to the doctor. A woman should be under a doctor's care as early as possible in pregnancy.

If pregnancy is confirmed, the doctor will describe what changes to expect and what health guidelines to follow. He or she will schedule a series of checkups to monitor the health of the pregnant woman and the developing fetus.

The doctor will also answer any questions the couple may have. Their first question is usually, "When will our baby be born?" To answer this, the doctor will need to know the date of the first day of the woman's last menstrual period. The doctor will then calculate the probable birth date, using the simple formula shown in 6-1. The average duration of pregnancy is 280 days or 40 weeks.

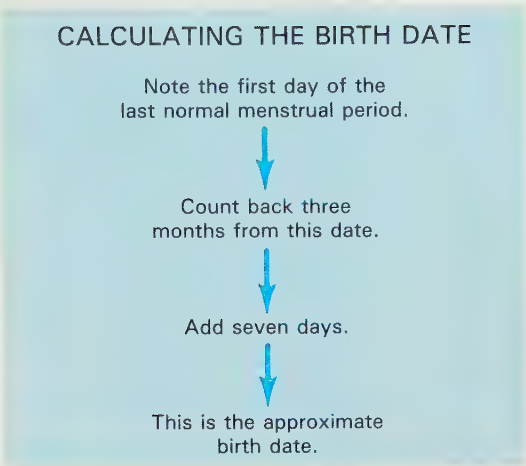
The couple's next question is often about the costs involved. All doctors have their own methods of setting fees. They vary according to the specific needs of each couple, the location of the doctor's office, and other factors. The couple should review their insurance coverage and discuss payment of the fees with the doctor. The topic of money should not, however, cause a woman to delay her first visit to the doctor. In most cases, all office visits are covered by a single fee, so it doesn't cost any more to get good medical attention right away.

PRENATAL CARE

Pregnancy is a special time in the life of a woman. The way she cares for herself during this time will have a great effect on the life of her baby. If she is healthy when she becomes pregnant and she follows good health care practices during pregnancy, the baby will have every chance of being healthy.

Early and regular medical checkups play an important role in the health of the pregnant woman and the fetus. See 6-2. They give the physician the chance to check the woman's weight gain, blood pressure, and general health. As the heartbeat and movements of the fetus become obvious, the physician charts its growth and activity at each visit. Most women have a checkup every three weeks during the first seven months of pregnancy. As the date of birth nears, they have a checkup every two weeks and then every week.

Sometimes the doctor will use special tests to determine the position, size, or development of the fetus. The *ultrasound test* provides a way to view the position and developmental stage


CALCULATING THE BIRTH DATE
Note the first day of the last normal menstrual period.
Count back three months from this date.
Add seven days.
This is the approximate birth date.

6-1 Counting from the first day of the last menstrual period, the average duration of pregnancy is 10 lunar months, or 40 weeks, or 280 days. This is about nine calendar months.

6-2 A husband should accompany his wife to her medical checkups during pregnancy if he has any questions.

of the fetus and to see if there is more than one fetus. In this test, sound waves which are too high in frequency to be heard by the human ear are used to create a "map" of the fetus. The outline of its skeletal growth can be viewed on a TV screen or as a photograph.

Amniocentesis is a test used to check for abnormalities in genes and chromosomes. To do this test, fluid must be drawn from the amniotic sac which surrounds the fetus. The fluid contains cells like those of the fetus which can be examined.

Physical changes

A woman's body undergoes dramatic changes during pregnancy. The basic changes are much the same for all women. But no two pregnancies are exactly alike, even for the same woman.

The most obvious change during pregnancy is the increased size of the woman's breasts and abdomen. Because the skin stretches so much, the tissues just below the skin surface may tear, causing *stretch marks.* During pregnancy, stretch marks are pink or red. After pregnancy, they fade into faint, silvery lines. Stretch marks can be controlled, and fewer may occur if the woman watches her weight. A slow, even weight gain within the doctor's recommendations is best. A rapid gain of too much weight will cause more stretching and thus more stretch marks. Daily massaging with cream or lotion helps keep the skin soft and supple.

As the woman increases in size, she may need different clothes. Her larger, fuller breasts should be supported by a well-fitting bra. Her growing abdomen should be free from tight waistbands and belts. Jeans that are tight in the thighs and socks that have tight bands at the top should be avoided. Loose-fitting clothes are better because they do not restrict blood circulation. Comfort is the key for shoes as well as clothes. Shoes with low heels are best because they help the woman maintain good posture and balance. Good posture, in turn, helps her avoid backaches.

The digestive system of a woman is affected by pregnancy. During the early months, she may have nausea. Later, as the growing fetus exerts pressure on her stomach and intestines, she may feel heartburn and indigestion.

Internal pressure also affects the bladder. Early in pregnancy, the growing uterus pushes against the bladder and causes the woman to urinate more often. In the middle months, the fetus moves up out of the pelvic region and into the abdomen. This lessens the pressure on the bladder. Late in pregnancy, the head of the fetus drops into the pelvic region in preparation for birth. This again puts pressure on the bladder.

Along with all the other physical changes, a pregnant woman may become tired more easily. She should listen to the signals her body sends her. When she feels tired, she should rest. She may need a daytime nap besides eight or more hours of sleep every night.

Exercise and work. Pregnancy is not a disease. It is a natural stage of a woman's life. During this stage, a woman should lead as normal a life as possible. Three factors will help a woman decide what she should and should not do. These are common sense, the way she feels, and her doctor's advice.

Under normal circumstances, exercise is good for a pregnant woman. She probably should not take up a vigorous new sport. On the other hand, she probably should not have to give up her normal activities. If she isn't used to any exercise, her doctor may suggest that she take a brisk walk every day. Moderate exercise will help her maintain good muscle tone and good health, 6-3.

In most cases, a woman can work throughout almost all of her pregnancy. If her pregnancy does not interfere with her work and her job does not threaten her health, she may continue working. Three factors—common sense, the way she feels, and her doctor's advice—will influence her job-related decisions. Fear of losing her job should not influence her decisions. The law states that a woman cannot be fired or refused a job or promotion merely because she is pregnant.

Nutritional needs

The old saying, "A pregnant woman should eat for two," is usually misunderstood. It does not mean she should eat twice as much food. It means the nutrients in the foods she eats must meet the demands of both the fetus and her own body. According to the laws of nature, the woman's own nutritional needs are met first. In order to meet the nutritional needs of the fetus as well, the woman must pay close attention to her diet.

A woman's concern about a well-balanced diet should begin long before she becomes pregnant. A woman with a history of eating right usually has a history of good health. Such a woman is likely to continue good eating and health habits during pregnancy. These advantages will help her avoid complications and improve her chances of having a healthy baby.

Pregnant teenagers begin with a strike or two against them. Their bodies are still growing and developing, so their nutritional needs are higher than those of older women. (Strike one!) If they have been eating a lot of junk food or following fad diets, they may be undernourished. (Strike two!) Such girls will have to follow a strict nutritional program to meet their own needs and still be able to supply the fetus with adequate nutrients.

General nutrition guidelines are given in 6-4. Keep in mind that these are general guidelines. A woman should ask her doctor for specific advice about nutrition and her daily diet.

Weight control

Weight gains in pregnancy are watched carefully. They are related to the health of the woman and the fetus. The doctor will set guidelines for the woman and measure her weight gains at every checkup. The average total weight gain is between 22 and 28 pounds (10 and 12 kg).

A woman should not be afraid of gaining the recommended weight. Just before birth, the average fetus weighs 7 1/2 pounds (3.4 kg). The placenta and amniotic fluid account for about 3 pounds (1.4 kg). Increases in the size of the uterus and breasts add another 3 pounds (1.4 kg). A woman carries about 4 pounds (1.8 kg) of extra blood and 3 pounds (1.4 kg) of extra fluid in her tissues. Thus, much of the weight a woman gains during pregnancy will be lost during or shortly after childbirth. If she eats well-balanced meals and exercises moderately, she will be able to return to her pre-pregnancy weight within a few months after delivery.

During the first three months of pregnancy, the woman's weight should remain fairly constant. Some women gain a little, and some may even lose a little if they have problems with nausea. During the next six months, the woman should gain slightly less than 1 pound (0.45 kg) a week. A sudden large weight gain might be due to excess fluid in the body tissues rather than normal growth of the fetus. Any spurt in weight gain will be viewed by the doctor as reason for more careful examination.

If a woman gains too little weight, she may not be eating enough. As a result, she may not be getting enough nutrients. This could have a negative effect on the health of the fetus. If she gains too much weight, she may be eating the wrong kinds of foods. This, too, may have a negative effect on the health of the fetus. Excessive weight gains may be harmful to the

6-3 Moderate exercise throughout pregnancy helps a woman maintain good health. Taking a brisk daily walk with her husband is an enjoyable way to exercise.

woman's health as well. Extra weight puts more strain on her back and legs. It may make her labor and delivery more difficult and complicated. If a woman eats properly, she will gain the recommended weight while eating food that is nutritious for both the fetus and her.

Emotional changes

The emotional changes that occur during pregnancy aren't as obvious as the physical changes, but they are just as real and just as important. Like the physical changes, they can be described only in generalities. This is because they vary from woman to woman and from pregnancy to pregnancy.

Hormones are the cause of many emotional changes. As hormone levels change in a woman's body, she may have ups and downs in moods.

Some mood changes are short-lived. A woman may become upset easily. She may cry about silly things. She may crave foods that she never liked before. She may become angry with a good friend for no reason. She may be shocked at her lack of self-control and worry about her emotional health.

Other mood changes are more subtle, but long-lasting. Throughout pregnancy, a woman may feel more self-assured and confident. She may be full of hope and optimism. Another

DAILY FOOD PLAN FOR PREGNANT WOMEN

FOOD GROUPS	NUMBER OF SERVINGS	TYPICAL SERVINGS	SPECIAL NOTES
Milk and Milk Products	4	1 cup (250 mL) whole or skim milk To equal the calcium content of 1 cup (250 mL) milk, it would take: 1 cup (250 mL) plain yogurt 2 inch (5 cm) cube Cheddar cheese 2 slices American processed cheese 1 1/2 cups (375 mL) cottage cheese 2 cups (500 mL) ice cream	Remember that 2 cups (500 mL) of ice cream have the same amount of calcium as 1 cup (250 mL) of milk, but the ice cream has many more Calories (kilojoules).
Meat and Meat Alternates	3	2 to 3 ounces (60 to 85 g) lean, boneless cooked meat, poultry, or fish 2 eggs 1/3 cup (75 mL) canned tuna 1/2 cup (125 mL) nuts 1/4 cup (60 mL) peanut butter 1 cup (250 mL) cooked dried beans, peas, or lentils	Eat a variety of protein foods from both animal and vegetable sources.
Fruits and Vegetables	4 or more	1/2 cup (125 mL) fruit or vegetable 1/2 cup (125 mL) juice 1/2 large grapefruit 1 medium fruit (apple, orange, etc.) 1 medium potato 1 wedge lettuce	Eat at least one good source of vitamin A and vitamin C daily. Good sources of vitamin A include: dark green and deep yellow vegetables and fruits such as spinach, carrots, sweet potatoes, and cantaloupe. Good sources of vitamin C include: citrus fruits, tomatoes, strawberries, broccoli, and Brussels sprouts.
Breads and Cereals	4	1 slice bread 1 biscuit, muffin, or roll 1 cup (250 mL) ready-to-eat cereal 1/2 to 3/4 cup (125 to 200 mL) cooked cereal, grits, rice, or pasta	Look for whole grain or enriched breads and cereals.

6-4 A pregnant woman should pay close attention to her increased nutritional needs during pregnancy.

woman may feel more depressed and worried throughout pregnancy. She may be afraid of miscarriage, of having a baby with birth defects, or of having a difficult delivery.

The husband's emotions. A man's hormones do not change when his wife is pregnant, but he will have emotional changes. He may become upset with his wife's sudden changes in mood. He may blame himself, thinking that he has somehow made her angry. At other times, he may become angry with his wife for acting so strangely. He may worry that she will never regain her pre-pregnancy behavior and personality that he loved so much.

A husband usually shares many of his wife's worries and doubts. He may worry that the baby will not be healthy or that his wife will have a difficult delivery.

The couple's emotions. Pregnancy triggers a whole series of dramatic changes—in a woman's life, in a man's life, and in their married life. It is normal, even healthy, for them to think about what their life will be like when the baby is born. If this will be their first child, they have to get used to the idea that they are going to be parents. They will soon have all the responsibilities as well as all the pleasures of caring for a child.

By talking and sharing their emotions, a couple will be able to grow closer together rather than farther apart. This means sharing both positive and negative emotions. The more a husband and wife communicate, the more they learn about each other. The more they know about each other, the more they can help each other and love each other.

When one spouse is feeling great and looking forward to having a cuddly new baby, sharing those feelings may give the other spouse a lift. When one is worried about not knowing how to be a good parent, the other can offer reassurance. When one is worried about what their new life will be like, the other can help by pointing out all the positive aspects. Late in pregnancy, when the woman may feel unattractive, her husband can tell her how beautiful she is.

There may be times when one or both spouses wish the pregnancy had never happened. This is normal, even in a happy marriage where both spouses really want a child. Fear of the unknown is a common human trait, and this fear is likely to appear during pregnancy. By talking about their feelings, spouses can help each other overcome any fears they may have. Together, they will be able to look forward to the birth of their baby.

"Our" pregnancy. As a husband and wife share the emotions and experiences of the pregnancy period, they may begin talking in terms of "our" pregnancy. This closeness helps both the man and the woman. It also strengthens their relationship, 6-5.

The husband cannot experience pregnancy,

6-5 A husband can become involved in his wife's pregnancy by helping her care for her health, feeling the fetus move, and attending childbirth classes.

but he can become actively involved in his wife's pregnancy. He can encourage her to eat well-balanced meals. He can exercise along with her and make sure she gets enough rest. He can listen to the fetus's heartbeat and feel its movements.

The husband and wife can shop together for maternity clothes and for clothes, toys, and other supplies for the baby. Later, they can attend childbirth classes together. The husband may be able to be with his wife during labor and delivery to witness the birth of their baby.

When the husband has been involved in all the stages of pregnancy, he is likely to continue that involvement. He and his wife will probably share the joys and burdens of caring for the newborn. As this sharing continues, it will enrich all aspects of their marriage and their life as a family.

COMPLICATIONS DURING PREGNANCY

Most pregnancies are normal, but complications sometimes occur. Some are caused by poor prenatal care; others are caused by nature. Some can be prevented; some can be treated; others simply run their course.

In many cases, complications are preceded by warning signals. If a pregnant woman notices any of the warning signals listed in 6-6, she should contact her doctor at once. Proper attention and care reduce the risk of serious, untreatable complications.

Medications and drugs

Anything a pregnant woman puts into her body may pass through the placenta and reach the fetus. This includes all medications and drugs.

It should go without saying that all street drugs, including marijuana, should be completely avoided. They are dangerous for an adult and much more so for a fetus. Even over-the-counter and prescription medications may harm a fetus. The damage varies with the type of medication, the dosage, and the stage of fetal development. Because of the potential danger, a woman should use caution. She should tell any doctor or dentist treating her that she is pregnant. She should follow directions carefully when using medications prescribed for her. And she should ask her doctor before using any non-prescription remedies.

Through research, much has been learned about the effects of drugs during pregnancy. But there is much more still to be learned. An example of the potential danger is the tragedy that occurred several years ago with the drug thalidomide. It was thought to be a safe sedative. It was sold without prescription in some countries of Europe. (Thalidomide was never approved for sale in the United States.) When pregnant women took the drug, it interfered with the development of the limbs. Babies were born with no arms or legs, or with shortened versions of them. In some cases "flipper babies" were born with their hands sprouting directly from their shoulders. Other physical defects of the face, ears, and internal organs also occurred. Most of the children are normal in their mental development, but their physical defects will affect their entire lives. The thalidomide example is extreme, but it shows the effect a drug can have on a fetus.

Alcohol

Alcohol passes through the placenta quickly, so a fetus is affected by a drink almost as quickly as the woman. The effect of moderate drinking is not definitely known. The wisest choice is to avoid beer, wine, and liquor during pregnancy, 6-7.

Doctors do know that a woman who drinks excessively or steadily during pregnancy risks having a baby with *fetal alcohol syndrome.* The syndrome is a pattern of physical and mental birth defects.

A major symptom of fetal alcohol syndrome is growth deficiency. An affected baby is abnormally small at birth and never catches up to normal growth. He or she may have a heart defect severe enough to require surgery. The baby is also likely to have a small head, narrow eyes, a low nasal bridge, and a short upturned nose.

The affected baby may have a small brain and be mentally retarded. Poor coordination, short attention spans, and behavioral problems are typical of children with the syndrome.

Not all children with fetal alcohol syndrome have all of the symptoms. Studies show, however, that the physical and mental defects are related. Children with the most severe physical defects are also the most severely retarded.

Smoking

Smoking is a health risk for anyone—male, female, young, or old. When a pregnant woman smokes, she runs the risk of harming the fetus's health as well as her own health.

Medical research has shown that women who smoke during pregnancy are more likely to have miscarriages than non-smokers. Smokers have a higher rate of premature deliveries. Smokers also tend to have low-birthweight babies. Low-birthweight babies are more likely to develop health problems and more likely to die in early infancy than babies of normal weight.

The risks continue. Babies of smoking parents are more likely to develop respiratory infections during their first year of life. Babies with a low birthweight (who tend to be born to smoking mothers) may later have learning problems in school. Babies born with damaged blood vessels (who tend to be born to smoking mothers) may have circulation problems or heart problems as adults. Obviously, smoking and parenthood do not mix.

WARNING SIGNALS

Bleeding from the vagina.
Severe or continuing nausea or vomiting.
Continuing or severe headache.
Swelling or puffiness of the face or hands, or marked swelling of the feet and ankles.
Blurring of vision or spots before the eyes.
A marked decrease in the amount of urine passed.
Pain or burning while passing urine.
Chills and fever.
Sharp or continuous abdominal pain.
Sudden gush of water from the vagina before the baby is due.

6-6 Prompt reaction to a warning signal may help avoid serious complications during pregnancy.

Toxemia

Toxemia is a condition which affects a woman's kidneys, heart, or blood circulation. It usually develops gradually, during the second half of pregnancy.

The symptoms of toxemia include an abnormal rise in blood pressure, rapid weight gain, swollen face and fingers, headaches, and blurred vision. Treatment consists of a nutritious diet and rest in bed for mild cases. Severe cases require hospitalization.

Toxemia is believed to be the result of poor prenatal care and poor nutrition. Medical authorities are disturbed by an increase of toxemia cases. They see toxemia most often in the pregnancies of teenagers and unwed women.

6-7 To avoid the risk of possible detrimental effects to the developing baby, the wisest choice is to refuse all alcoholic beverages during pregnancy.

These people often do not get proper medical attention early enough, and they often fail to eat well-balanced meals. Toxemia may also occur in the pregnancies of women who have abnormally low weight gains.

Rubella

Rubella (also called German measles) is a virus that can cause a miscarriage, a stillbirth, or serious birth defects. It poses the greatest threat during the first three months of pregnancy.

For the woman, the symptoms are quite mild. She will have a low-grade fever, a rash, and swollen lymph glands in the neck. For the fetus, the effects are much worse. If the baby survives, he or she may have poor vision, no hearing, and a defective heart. Mental retardation is also a possibility.

Rubella can be prevented by a vaccine. This vaccine should not be confused with the vaccine for "regular" measles. It is a different one. The best time to be vaccinated is during childhood. Women who were not vaccinated as children should be vaccinated only when they are sure that they are not pregnant and that they will not become pregnant for at least three months. Even the vaccine for rubella can cause defects in a fetus. If a pregnant woman thinks she has been exposed to rubella, she should tell her doctor. Blood tests can determine if she is infected.

Rh factor disorder

Early in pregnancy, a woman's blood is tested for many things, including the Rh factor, 6-8. If a woman has the Rh factor in her blood, she is Rh-positive. She will not have to worry about Rh factor disorder in any of her pregnancies. If the Rh factor is lacking, she is Rh-negative. In this case, the fetus's blood may be Rh-positive or Rh-negative. If it is positive, the Rh factor disorder may develop.

The disorder occurs when Rh-positive blood cells of the fetus find their way into the woman's Rh-negative bloodstream. (This may occur to a small degree throughout pregnancy. It becomes more of a problem during childbirth.) Once the Rh-positive blood cells are in the woman's bloodstream, her body produces certain antibodies. These antibodies are then transferred into the bloodstream of the fetus where they destroy red blood cells.

Usually, Rh factor disorder is not a problem with first pregnancies, for antibodies take time to develop and cause damage. In a second pregnancy, the woman's body would be much more sensitive to the Rh-positive blood. Her body would react more strongly and quickly produce more antibodies.

Today, Rh factor disorder is less likely to occur. After the birth of an Rh-positive baby, an Rh-negative mother is given a shot. The shot neutralizes any Rh-positive blood cells that have passed from the fetus to the woman's body. This prevents her system from becoming more sensitive to Rh-positive blood. As a result, her body will not react more strongly during a later pregnancy.

Sexually transmitted diseases

Anyone with a sexually transmitted disease (STD) faces the possibility of serious health consequences. A pregnant woman with an STD endangers the health of the fetus as well as her own health.

An STD is a disease which is spread by sexual contact or by kissing whereby the mucous membrane of an infected person comes in contact with the mucous membrane of another person. There are many different types of STDs. They all create health problems, but gonorrhea, syphilis, and herpes are especially dangerous during pregnancy.

Gonorrhea in a man causes pus discharge and painful urination. The symptoms usually appear two to eight days after contact. In a woman, gonorrhea causes infection of the vagina, urethra, and fallopian tubes. A woman may or may not realize she has gonorrhea. A medical exam and culture can detect the presence of the infection. If left untreated, gonorrhea can cause arthritis, heart disease, sterility, and eye infections severe enough to result in blindness.

A pregnant woman can pass gonorrhea to her baby at the time of birth. This occurs as the baby passes through the birth canal and comes in contact with the infected membranes. According to law, all babies must be treated with medicated eye drops immediately after birth. If this is not done, the baby may be blinded by a gonorrheal infection.

Syphilis shows its first symptoms between 10 and 90 days after contact. A chancre (sore) appears and lasts for one to five weeks. The sore goes away, but a second stage of the infection may appear with a fever, rash, and sore throat. These symptoms may also disappear, but if the disease goes untreated, further damage will be done to internal organs. Years later, the damage may cause heart trouble, insanity, blindness, crippling, or even death.

Women are usually tested for syphilis when pregnancy is first confirmed. Treatment during pregnancy is possible. Further tests can then be done to determine if the fetus has been infected.

If a woman has syphilis and the infection is not detected and treated, the infection will pass through the placenta to the fetus. The baby will be born with congenital (present at birth) syphilis. The baby may be stillborn or develop the same damaging effects as those of an adult with syphilis.

Herpes occurs in different forms, and not every form is an STD. The form of herpes that is an STD is called by many different names. It may be called *herpes simplex virus type 2 (HSV-2), herpes II,* or *genital herpes.* Because this virus is spreading across the country so rapidly, it gets a lot of publicity. When a news report mentions "herpes," it is usually referring to genital herpes.

Symptoms of genital herpes usually show two to 20 days after contact. Blisters appear on a man's penis or in and around a woman's vagina. They disappear in a week or two, but they may reappear later. There is no cure for the herpes virus. It stays in the body and flares up at irregular intervals. Although there is no cure, persons with genital herpes should seek medical attention.

A woman with an active case of genital

6-8 If a blood test shows that a pregnant woman is Rh-negative, her doctor will explain the Rh factor disorder to her.

herpes may infect her baby during delivery. If the infection is severe, the baby may not survive. If the baby does survive, the infection usually causes physical and/or mental damage. The doctor of a woman with genital herpes may recommend delivery by cesarean section so the baby does not have to pass through the infected birth canal.

MISCARRIAGE

Miscarriage refers to the delivery of a fetus before it has developed to the point where it can survive outside a woman's uterus. This usually means before the sixth month of pregnancy. Physicians refer to miscarriage as *spontaneous abortion.*

Miscarriages occur in about one of every four fertilizations. Most of them occur in the first three months of pregnancy, often before a woman even suspects she is pregnant. Once she knows she is pregnant, there still is a 15 to 20 percent chance of miscarriage.

Most miscarriages occur as nature tries to get rid of an imperfect embryo. About three out of four miscarriages are thought to be traceable to imperfect embryos. Thus, one miscarriage should not discourage a couple from trying to have a baby. Nor should miscarriage be viewed as someone's fault. A woman who has a miscarriage should not feel guilty, thinking it happened because of something she did or did not do. If a woman has repeated miscarriages, the doctor will run several tests on both the husband and wife to determine the cause or causes.

It is true that severe jolts, as in accidents, can cause miscarriages. However, accidents do not cause miscarriages nearly as often as movies and novels would have you believe.

FETAL DEVELOPMENT

When all goes well, as in a normal pregnancy, the development of the fetus is a fascinating process. Within hours of conception, the fertilized egg begins to divide and subdivide into two cells, then four, then eight, and so forth. It takes about four days for the growing mass of cells to move down the fallopian tube and reach the uterus. By this time, the cells are in the shape of a hollow ball which implants itself in the *endometrium* or inner lining of the uterus.

The *placenta* then forms between the endometrium and the hollow ball of cells. The placenta is a special organ which functions as an interchange between the developing fetus and the mother. It allows nutrients, oxygen, and water to pass from the mother to the fetus. It allows waste products from the fetus to pass to the mother. The placenta is connected to the fetus by the *umbilical cord,* 6-9.

Two membranes form around the developing cells. The outer membrane, or *chorion,* slips against the inner membrane, or *amnion.* Together, they form the *amnio-chorionic membrane* or "bag of waters." Inside the amnio-chorionic membrane is *amniotic fluid* which completely surrounds the fetus. This fluid has several important functions. It keeps the fetus at an even temperature. It cushions the fetus against possible injury and allows the fetus to move around easily. It also assists in the birth of the baby.

Lunar month development

The development of a fetus can be studied in periods called *lunar months.* They are more specific than calendar months. Each lunar month is exactly 28 days, or four weeks, long.

End of first lunar month. At this stage, the developing fetus is about 1/4 inch (0.6 cm) in length. Its heart resembles a bulging gland and is sending blood through microscopic arteries. The backbone, spinal canal, digestive system, and lungs are forming. Buds which will become arms and legs have formed.

End of second lunar month. The developing fetus is about 1 1/8 inches (2.8 cm) in length and weighs about 1/30 of an ounce (1 g). The face and features are forming, and eyelids are fused. The limbs show distinct elbows, hands, knees, and feet. The internal organs are developing. External genitalia is forming, but sex cannot yet be determined.

End of third lunar month. The fetus is about 3 inches (7.5 cm) in length and weighs about 1 ounce (30 g). The arms, hands, fingers, legs, feet, and toes are fully formed, as well as the fingernails and toenails. External ears are present. Tooth sockets and buds for teeth are forming in the jawbones. Eyes are almost fully developed, but lids are still fused.

End of fourth lunar month. The fetus is about 6 1/2 inches (16.5 cm) in length and weighs about 4 ounces (115 g). Sex is distinguished by the presence or absence of the uterus. Fine, downy hair appears over the skin. The skin is transparent and thin. The fingerprint has formed. There is a strong heartbeat, fair digestion, and active muscles. Eyebrows will now appear.

End of fifth lunar month. The fetus is 10 to 12 inches (25 to 30 cm) in length and weighs 1/2 to 1 pound (0.23 to 0.45 kg). The internal organs are maturing at an astonishing speed, but the lungs are insufficiently developed to cope with conditions outside the uterus. The skin is less transparent. Some hair is present on the head. Eyelids are still completely fused.

End of sixth lunar month. The fetus measures 12 to 14 inches (30 to 35 cm) and weighs 1 1/4 to 1 1/2 pounds (0.56 to 0.67 kg). The skin is very wrinkled, with no fat layers visible beneath it. Skin is covered by a fatty secretion called the vernix caseosa. Eyelids finally separate, and eyelashes are formed.

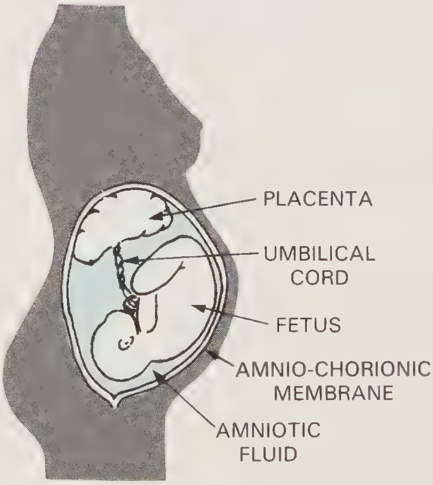
End of seventh lunar month. The fetus measures about 15 inches (38 cm) in length and weighs about 2 to 2 1/2 pounds (0.90 to 1.13 kg). The skin is still wrinkled with little fat under the surface. If the fetus is born at seven months, it has some chance of survival if cared for by skilled physicians.

End of eighth lunar month. The fetus measures about 16 1/2 inches (42 cm) and weighs about 4 pounds (1.80 kg). The fetus devotes time to putting on more weight and to the refinement of internal organs.

End of ninth lunar month. The fetus measures about 19 inches (48 cm) in length and weighs about 6 pounds (2.70 kg). The fine, downy hair that had covered the skin has disappeared. The fingernails may protrude over the ends of the fingers. The skin is pink and is still coated with the vernix caseosa.

Tenth lunar month. By the middle of this lunar month, full term is reached. The length of the fetus is near 20 inches (51 cm). The average weight is 6 1/2 to 7 1/2 pounds (3.0 to 3.4 kg) for a girl and 7 1/2 to 8 pounds (3.4 to 3.6 kg) for a boy.

At the end of the tenth lunar month of a normal pregnancy, birth will occur. The fascinating process of fetal development is complete. A baby is ready to enter the world.



6-9 The female body undergoes many changes to provide for the nourishment and protection of the fetus.

to Review

1. List three signs of pregnancy.
2. What would the approximate delivery date be for a pregnant woman whose last menstrual period started June 10?
3. Explain the purposes of the ultrasound test and amniocentesis.
4. Name three factors that influence a pregnant woman's decisions about exercise and work.
5. In terms of nutritional needs, why do pregnant teenagers begin with a strike or two against them?
6. What is the average total amount of weight gained during pregnancy?
7. When a couple think in terms of "our" pregnancy, what can the husband do to stay actively involved throughout the pregnancy? What benefits are likely to result from his involvement?
8. Describe the possible symptoms of fetal alcohol syndrome.
9. True or false. Women who smoke are more likely to have miscarriages and premature deliveries than non-smokers.
10. What are the probable causes of toxemia? What are the symptoms?
11. True or false. The effects of Rubella are much more severe for a pregnant woman than for the fetus she is carrying.
12. For which woman might the Rh factor disorder pose problems: the one who is Rh-positive or the one who is Rh-negative?
13. Name three sexually transmitted diseases and describe the possible effects of each on a newborn baby.
14. What is the cause of most miscarriages?
15. Define the term placenta.

to Do

1. Ask an obstetrician to speak to your class about pregnancy. Be prepared to ask questions about the signs of pregnancy, the choice of a physician, the importance of prenatal care, and health care guidelines.
2. Plan seven daily menus for a pregnant woman. While preparing the menus, consider the basic four food groups, weight control, and health care guidelines.
3. Design a bulletin board emphasizing the importance of good health practices during pregnancy. Post pictures and news articles that suggest ideas for healthy mothers and healthy babies.
4. Form groups to discuss the emotional changes that occur during pregnancy. Be sure to consider both the wife and the husband.
5. Describe ways a couple can share the expectant months of pregnancy. Make a list of suggestions for a couple to follow in order to help ensure a healthy and satisfying pregnancy.
6. Select one of the complications of pregnancy discussed in the chapter. Research the topic further and prepare a five-page written report.
7. Design a poster to describe the lunar month development of a fetus.

Having regular checkups and following a doctor's recommendations help this pregnant woman protect her health as well as the health of her developing baby.

These parents are eager to become acquainted with their new baby.

7

Childbirth

This chapter will help you recognize signs of labor, describe the three stages of labor, compare different methods of childbirth, explain the importance of bonding, and discuss the adjustments new parents have to make during the postpartum period.

The last weeks of pregnancy may be a time of mixed emotions for the parents-to-be. A woman may be eager to be relieved of the physical burdens of pregnancy. Both prospective parents may be anxious for the birth so they can meet their new little baby. At the same time, they may wish they could have a little more time for the final preparations.

As the predicted birth date approaches, a woman will have weekly checkups. These allow the doctor to watch closely for signs that the baby is ready to be born. The woman should have a bag packed with the items she will need for her hospital stay, as well as those needed for the new baby's trip home. A typical list of these items is given in 7-1.

Many couples take childbirth and infant care classes during the last several weeks of pregnancy. These may be offered by hospitals, private organizations, or community agencies. In these classes, parents-to-be learn what to expect during labor and delivery. They also learn how to care for newborn babies.

Signs of labor

Like symptoms of pregnancy, signs of labor vary somewhat from woman to woman and from pregnancy to pregnancy. The very first sign that labor is approaching is called *lightening*. This occurs as the head of the fetus descends down into the pelvic cavity. It is called lightening because it relieves the abdominal pressure and makes breathing easier. During a woman's first pregnancy, lightening may occur anytime in the last month. During later pregnancies, it may not occur until the week, or even the day, when labor actually begins.

When labor begins, a woman will notice one or more of these signs:

- Regular contractions of the uterus (labor pains).
- Passage of a small amount of blood-tinged mucus (sometimes called the "show").
- Passage of liquid from the vagina as the amnio-chorionic membrane ruptures (also referred to as the breaking of the "bag of waters"). Sometimes, however, this doesn't happen until much later in the labor process.

Labor pains usually begin as aches that occur intermittently in the small of the back. After a few hours, the pains move to the front. Each pain begins as a slight twinge, builds in intensity, reaches a peak which is maintained for a few seconds, and then diminishes gradually.

Labor pains are caused by contractions of the uterus. They are spaced evenly apart and occur in a rhythmical pattern. The time between contractions is entirely free from pain. As labor progresses, the contractions come closer together. They continue rhythmically, and they become stronger. That's how a woman can distinguish between real and "false" labor pains. "False" labor pains may be more painful, but they remain equal in intensity from the start. They occur at irregular intervals and are not rhythmical.

Many women make false runs to the hospital. Doctors still prefer that they come to the hospital if they think they are in labor rather than risking a delivery at home.

THREE STAGES OF LABOR

The process of giving birth to a baby is appropriately called labor. It is hard work. It requires strength, stamina, and muscle control. Labor follows a set series of events which can be divided into three stages.

Dilation stage

The first stage of labor is the *dilation stage.* It gets its name from the fact that during this stage the cervix dilates. (The cervix is the narrow opening of the uterus. To dilate means to stretch or expand.) The cervix must dilate in order for the baby to pass from the uterus to the vagina or birth canal. Each contraction of the uterus (or labor pain) causes the cervix to dilate a little more.

The dilation stage begins with the first labor pain. It ends when the cervix has dilated enough to allow the baby's head to enter the birth canal. This may take anywhere from six to 18 hours for a first baby. For later babies, this stage may take just four to six hours. By the end of the dilation stage, the amnio-chorionic membrane probably will have already ruptured. If it hasn't, the doctor will usually rupture it at this point.

Expulsion stage

The second stage of labor is the *expulsion stage.* It begins when the cervix is fully dilated and the baby's head is in the birth canal. It ends when the baby is born. This stage doesn't last long—usually about five to 45 minutes.

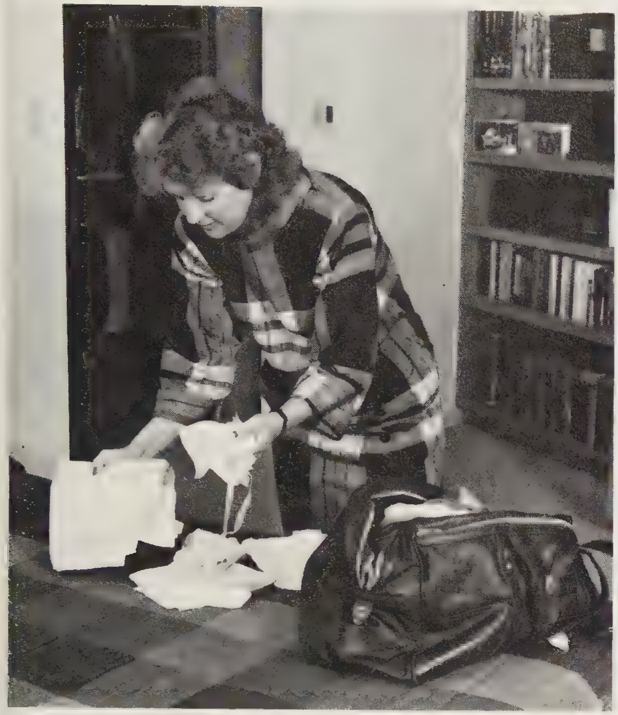
During this stage, contractions of the uterus continue to push out the baby. *Crowning* refers to the moment that the baby's head is first seen. At this time, the doctor will decide whether or not to perform an *episiotomy.* This is a small cut at the opening of the birth canal which allows more room for the baby to be born.

After the head is born, the doctor gently turns the baby's head so the shoulders can be born easily. The rest of the body follows quickly. The baby is helped to breathe and given a quick health evaluation according to the *Apgar scoring system,* 7-2. While the baby is held in the mother's arms, the umbilical cord is clamped and cut.

Afterbirth stage

The *afterbirth stage* is the third and final stage of labor. During this stage, the afterbirth, or placenta, is delivered. The contractions of the uterus continue and cause the placenta to separate from the wall of the uterus. When the

WHAT TO TAKE TO THE HOSPITAL



MOTHER'S NEEDS

2-4 nightgowns, one for each day she will stay in the hospital. These should be comfortable, opaque, and preferably not full-length.

Robe and bed jacket.

Comfortable, low-heeled slippers.

Nursing bras (if planning to nurse).

Sanitary pads.

Toothbrush and toothpaste.

Comb, brush, rollers, cosmetics (as needed).

Small hand mirror.

Birth announcements, stationery, address book, stamps, pen.

Outfit for trip home.

BABY'S NEEDS

Diaper shirt, kimono, or "coming home" outfit.

2 diapers.

Diaper pins and vinyl pants (if using cloth diapers).

Receiving blanket.

Bonnet, sweater, bunting, or warm blanket (if needed).

Infant car carrier.

7-1 Sometime during the last month of pregnancy, a woman should pack a bag with the items she and her baby will need while in the hospital.

APGAR SCORING SYSTEM

VITAL SIGN	RANGE FROM "GOOD" TO "POOR" CONDITION
Coloring	From pink . . . to blue. (Color is best observed on the lips, palms, and soles.)
Pulse rate	From above 100 . . . to below 100.
Reflex irritability	From coughing or sneezing in response to a stimulus . . . to making little or no response.
Muscle tone	From active movements . . . to little or no movement.
Respiration	From healthy crying . . . to slow or irregular breathing.

Within one minute after birth, a baby is evaluated according to the Apgar scoring system developed by Dr. Virginia Apgar. A score of 2, 1, or 0 is given for each of the five vital signs listed above. The scores are added together, so a perfect Apgar score is 10. Scores ranging from 7 to 10 indicate that the baby is in good condition. Scores of 4, 5, or 6 indicate fair condition, and scores of 3 or below indicate poor condition. A baby with a less than "good" score is evaluated again five minutes later. If the score is still low, the baby may need special medical attention.

7-2 The Apgar scoring system is used to evaluate the overall physical condition of newborns.

placenta is "born," it is examined to make sure it has not torn, leaving some excess tissue in the uterus.

The afterbirth stage usually lasts 10 to 15 minutes. Meanwhile, the baby is wiped dry, given eye drops, weighed, measured, and identified.

METHODS OF CHILDBIRTH

A couple may be able to choose from several different methods of childbirth. Their choices will depend on where they live, the doctor's opinions, and the hospital's rules. A couple should make a decision far in advance of the predicted birth date. However, their decision may have to be changed later if the health of either the mother or the baby is at risk.

Traditional childbirth

In *traditional childbirth,* attention is focused on the woman's and baby's health and on the woman's comfort. The woman is given anesthetics as needed, and the baby's health is monitored. Family members wait in a waiting room. The husband may or may not be allowed to be with his wife during labor, 7-3. If both spouses have attended childbirth classes and if the doctor agrees, the husband may be allowed in the delivery room.

Family centered childbirth

Some hospitals offer a *family centered childbirth* program. It is based on the belief that childbirth affects the family as a unit as well as each family member as an individual, 7-4. Some hospitals even have "birthing rooms" where a woman can have her baby in a homelike setting and still have access to any medical facilities that may be needed.

The father is encouraged to remain with the mother throughout labor and delivery. Other support people (in a few cases even children) may be present during labor and delivery if the mother so desires and the physician approves. The mother, father, and all support people who plan to witness the birth must first attend childbirth classes. These classes prepare them for what will take place in the delivery room.

The mother and father participate in the labor and delivery, as they have learned to do in their childbirth classes. An obstetrical nurse or certified nurse-midwife is normally with them throughout the labor and delivery. A physician may be present for the delivery or may be just on-call for complications. The medical personnel encourage and support the natural forces of labor, interfering as little as possible. They try to make sure that everything goes right while respecting the family's wish to share this important experience.

After the birth, the baby, mother, and father may spend as much time together as they wish. Brothers and sisters may visit throughout the day. In some hospitals, the mother and baby are released within 24 hours of birth.

Lamaze method

The *Lamaze method* of childbirth is sometimes called "prepared" childbirth. In this method, parents-to-be prepare themselves for the experience of childbirth. About two months before delivery, they start attending weekly classes. They learn what to expect in the final stages of pregnancy and during labor and delivery.

7-3 Many hospitals allow men to remain with their wives during labor.

When they know what to expect, they are less likely to be afraid and more likely to enjoy the childbirth experience.

In Lamaze classes, 7-5, a mother-to-be learns special breathing and muscle control techniques. Her husband learns to act as her coach. The purpose of the special techniques is to help the woman maintain control of her body during labor and delivery. The normal response to a contraction (labor pain) is to become tense. If the woman can learn to relax instead, she will feel less pain. Also, if she can concentrate on her breathing instead of on the contractions, the pain will seem more tolerable

The goal of the Lamaze method is to make childbirth a safe, pleasant, and memorable experience for both parents. The woman does not "fail" if she needs some pain relief. Medication is viewed as a tool to help her during childbirth, just like the breathing and muscle control techniques and her partner's coaching.

Leboyer method

The *Leboyer method* focuses on the birth experience of the baby. The purpose of this method is to make the birth process less shocking and more comforting for the baby.

Before birth, the fetus is used to being in a curled position, surrounded by fluid. The fetus's environment is dark, warm, and quiet. In the Leboyer method of childbirth, a similar environment is provided, so the baby's adjustment to life outside the uterus is gradual. The lights of the delivery room are dimmed. Soft music is played, and everyone in the delivery room speaks in low voices or whispers. Immediately after birth, the baby is placed directly on the mother's warm, soft abdomen. The link to the mother (the umbilical cord) is not cut until it has stopped pulsating, several minutes after birth. When the baby is first separated from skin-to-skin contact with the mother, he or she is placed in warm water. In this secure, comfortable environment, the baby can start exploring and adjusting to his or her new world.

The Leboyer method is accepted in varying degrees. Some hospitals and doctors accept all of it. Others accept only certain parts of it. For

7-4 Family centered childbirth programs involve the entire family. In some cases, children may learn the basic facts about pregnancy and childbirth.

7-5 In Lamaze classes, couples learn techniques that will help the women maintain control of their bodies during childbirth.

instance, they may agree with the need for low voices and immediate skin-to-skin contact. However, they may say that bright light is needed to check for signs of the baby's health. Parents who want to use the Leboyer method should talk with their doctor about their wishes early in pregnancy.

Cesarean section

An operation whereby a baby is delivered through an incision in the abdomen and uterus is called a *Cesarean section.* A doctor may choose this type of delivery rather than a normal delivery through the birth canal for a number of reasons. The woman's pelvis may be too small for the baby's head. The birth canal may be infected and thus dangerous for the baby to enter. The woman may have had a Cesarean section before and be in danger of rupturing her uterus during normal labor. There may be a problem with the placenta or umbilical cord. The mother's or baby's health may be in danger because of a long or difficult labor.

Although there are many good reasons for having a Cesarean section, it is not a common method of childbirth. Nor is it a preferred method under normal conditions. The recovery period is at least ten days longer than the recovery period for normal childbirth methods.

BONDING

The first moments after birth are full of emotion. It is a time especially suited to *bonding,* the formation of close emotional ties. See 7-6.

Many hospitals and doctors are changing their policies to encourage bonding. They are saying that after the normal birth of a healthy baby, the mother and baby need to be together. The baby needs to be comforted after the difficult passage through the birth canal. The mother needs to relax after the physical strain of labor. She needs a calm moment to blend her mental image of the fetus she carried with the reality of the baby in her arms. The natural reaction of a new mother is to hold her new baby gently. She caresses the baby, touching the tiny facial features, cupping the hands and feet in her hand, and stroking the chest and abdomen. As the mother learns about her baby, the baby responds to her touch and her voice. These first interactions have a powerful effect on bonding.

If the father has been present throughout labor and delivery, he will feel the bonding, too. The common male reaction is protective and possessive in nature. Birth has transformed the fetus into a baby. And the baby isn't just a baby. Suddenly, it has become *his son* or *his daughter*—a tiny, fragile being that needs his protection.

The delivery room atmosphere after the birth of a healthy baby is filled with relief and happiness. The parents claim the baby as their own with pride, happiness, and a sense of awe.

In some hospitals where bonding is encouraged, the new family is left alone together as soon as possible. In the next few days, the mother spends several hours each day holding, caressing, and feeding her baby. She assumes responsibility for the care of her baby, 7-7. The nurses are there to care for her needs, to answer her questions, and to offer help when needed.

The results of extensive bonding vary from family to family, but there are some similarities. Parents tend to spend more time with their babies. They do more touching, cuddling, and soothing. They have more eye contact with their babies, and they talk more to their babies. The closer relationship between parents and their children seems to continue throughout infancy, into childhood, and perhaps far beyond. In general, bonding seems to help parents be more patient and less demanding.

Variations in deliveries call for variations in bonding. Birth by Cesarean section is one example. If the mother remains conscious throughout the delivery, she will be able to see and touch her new baby and maybe even hold the baby for a while. In other cases, the father may be allowed to witness the delivery and to greet the baby as the mother would have done after a normal delivery.

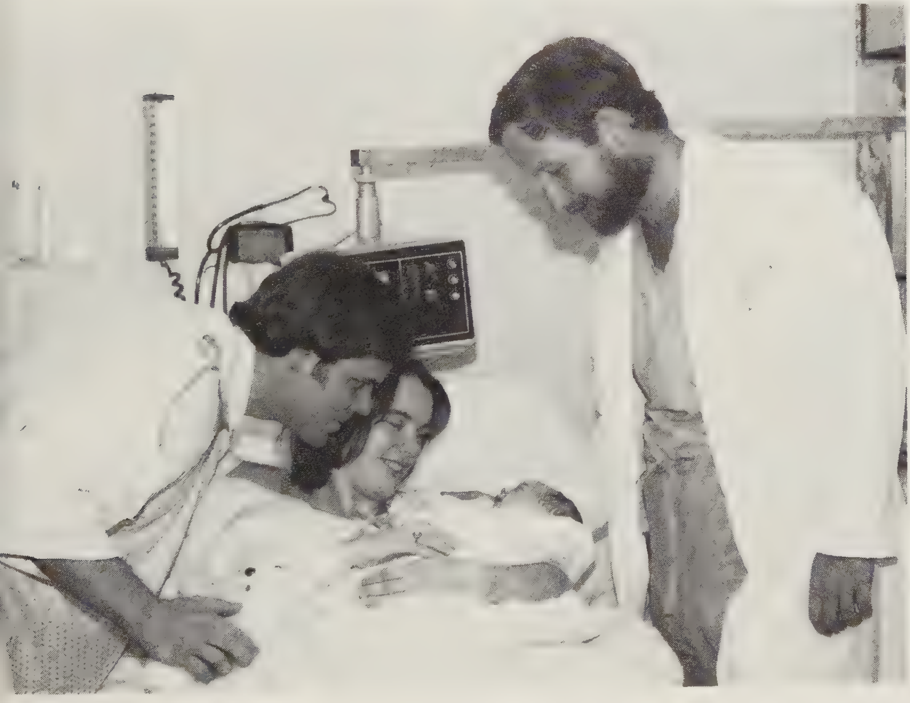
A premature birth is another occasion when a variation in bonding is needed. A premature baby's life may depend on immediate treatment. Once the baby is settled in an incubator, the parents are encouraged to spend time with the baby. Touching and stroking have been shown to help the baby's development. Gradually, the parents become acquainted with their baby. Both the baby and the parents benefit from the bonding that occurs.

POSTPARTUM PERIOD

The *postpartum period* is that period of time following the delivery of the baby. During this time, a woman recovers from the exhausting experiences of pregnancy and childbirth. She must make both physical and emotional adjustments as she returns to her "normal" state.

A new mother needs plenty of rest. During the few days she stays in the hospital, she should try to get as much rest as possible. Even the fittest of women find that they tire easily during the postpartum period. Trying to do too much, too soon, can exhaust a woman. The solution is to rest when she feels tired. When she goes home, she should continue to get lots of rest. She should avoid lifting anything but the baby. Also, she should try to limit visitors. (Exceptions to this rule are relatives and close

7-7 In hospitals where bonding is encouraged, a new mother spends a lot of time holding and caring for her baby.



7-6 Bonding takes place as anxious parents claim the new baby as their own and joyously welcome him or her to their family.

friends who are truly helping and easing the burden of caring for the new baby.)

The doctor will recommend health guidelines for the woman to follow during the postpartum period. Simple exercises may be suggested to help tone abdominal muscles and improve general health. Over a period of about six weeks, the uterus shrinks to normal size. This process is speeded up by nursing the baby.

Many mothers feel depressed shortly after childbirth. The common name for this depression is "the baby blues." These feelings vary widely from woman to woman and may be caused by various factors. Hormonal changes in the woman's body may be one such factor. Another factor may be that the woman experiences a sense of loss when the baby leaves her body. She no longer feels the movements of the fetus; the familiar bulge is gone.

Some aspects of "the baby blues" are shared by the mother and father. Even though they are happy about the birth of their baby, they may feel a letdown after the excitement of the delivery. They may realize, for the first time, that the responsibility of parenthood is no longer a dream; it is reality. They may doubt their ability to cope with and care for the baby. They may resent being tied down, and the first days at home may be tiring and demanding.

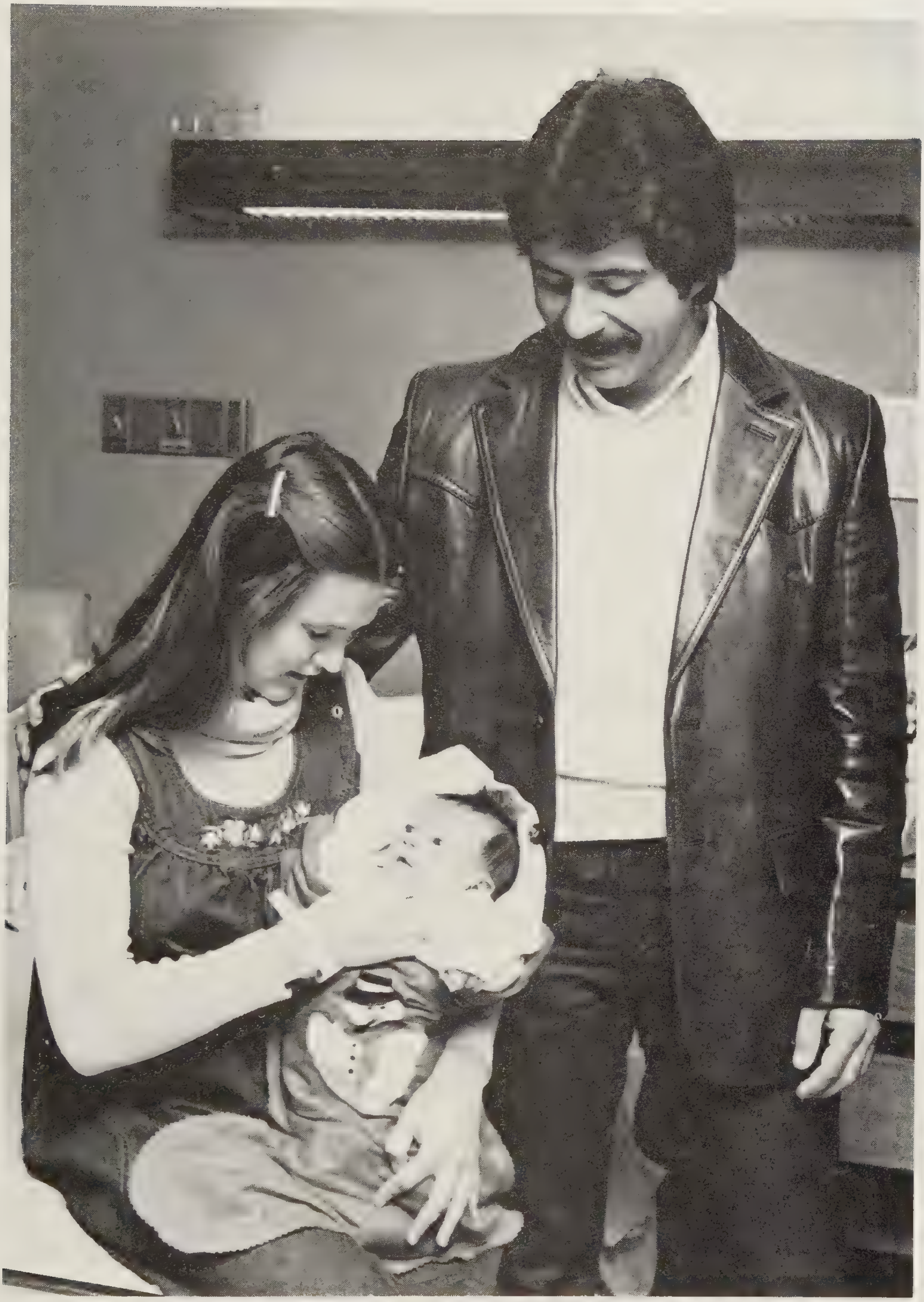
During this time of emotional stress, the husband and wife need to be candid with each other about their feelings. They need each other's understanding and support. Luckily, "the baby blues" don't last long. As the man and woman become used to their new roles as parents, they will gradually return to their once cheerful selves. Sharing the work of caring for the infant will bring them closer together and closer to their baby. Before long, they will be watching the growth and development of their child with joy and pride.

to Review

1. Lightening is the first sign that labor is approaching. What occurs during lightening? Why is it called lightening?
2. What causes labor pains?
3. How can a woman distinguish between real and false labor pains?
4. Name the three stages of labor.
5. Five methods of childbirth are discussed in the text. Name two methods and describe them in detail.
6. What are some typical results of extensive bonding?
7. What occurs during the postpartum period?
8. What are two possible causes of "the baby blues" many women feel after giving birth?

to Do

1. Discuss the signs of labor and the three stages of labor.
2. Discuss the similarities and differences among the five methods of childbirth described in the text. Which method is the most popular among your classmates? Why? Is there any difference of opinion between male and female students?
3. Invite several parents to talk to your class about their experiences with childbirth. Ask them if they felt prepared for the birth of their children. Ask what kind of training they had received for childbirth and what methods of childbirth they used. Ask how they feel about their childbirth experiences and what, if any, changes they would make for the birth of future children.
4. Gather information from local hospitals about their policies concerning training for childbirth, methods of childbirth, the care of mother and baby after delivery, and the father's involvement. Ask about the average costs related to the birth of a baby.
5. Ask a physician to speak to your class about the importance of bonding.



This couple's Christmas stocking contains just what they wanted—a healthy baby. The relationships in this new family will grow stronger as the parents share in the care of their baby.

The first days after birth are full of challenges and opportunities for the new parents and the new baby.

8

New parents, new baby

This chapter will help you recognize the changes that occur during the first days of parenthood, appreciate the appearance and abilities of a newborn, and describe proper techniques for holding, feeding, bathing, clothing, and soothing a newborn.

The birth of a couple's first baby is the start of a series of changes. The baby begins living as a separate human being. The woman begins her life as a mother. The man begins his life as a father. New relationships are formed—grandparents, aunts, uncles, and cousins. Established relationships acquire new dimensions. For instance, husband and wife must learn to relate to each other as parents as well as spouses. Friendships are likely to change. Job schedules may change. Household routines definitely change. All these changes and others can be linked to the baby's birth. That tiny bundle wrapped in a soft blanket creates lots of powerful changes!

THE FIRST DAYS OF PARENTHOOD

The first days at home with a baby are tiring for new parents. They have to adjust to night feedings, diaper changes, and other needs of their baby. Although the family's new life-style is tiring, it is also exciting. The parents will be able to enjoy it more if they try not to worry too much. Babies are totally dependent on their parents for food, shelter, and love, but they are stronger than new parents may realize. They don't fall apart because of the least little thing. Babies need love more than they need worrying. The following paragraphs should relieve some of the worries parents might have concerning their new babies.

Almost all new babies sound like they have a cold. They sniffle and sneeze a lot. This doesn't mean they are sick. It's just that their breathing organs haven't been used before, and they take a while to adjust.

For the same reason, most babies look like they are constipated. They strain when they have bowel movements. This is normal since those organs haven't been used before.

Most parents are aware of the soft spot on top of a baby's head, but many are too concerned about it. This spot is called the *fontanel.* It does need to be protected from injury, but it will not be damaged by normal activity.

Many babies have eyes that are crossed, and many parents worry about it. Actually, a newborn's eyes do not focus on objects the way they will later. The muscles that keep the two eyes pointing in the same direction are not working yet. As a result, the eyes may cross for a few weeks, but they will correct themselves as they develop.

Many things a baby does may seem strange to new parents. And it is very important to have the baby checked regularly by a doctor. On the other hand, an alert, active baby is probably healthy, even if some of his or her behavior seems a little odd.

The husband and wife as parents

In all the commotion of caring for the new baby, a husband and wife should not lose sight of their love for each other. Instead, they need to reassure each other that their love for the baby will enhance their love for one another. This is easiest when both parents become involved in caring for their baby. As the joys and responsibilities of child care are shared, the family unit is strengthened. Both spouses can then look forward to the expanding life of their family.

HOW THE NEWBORN LOOKS

At birth, the new mother and father see their baby for the first time. Naturally, they notice the obvious things first: boy or girl; lots of hair or none; flat, little nose; tiny fingers. Emotion will sweep over them as they realize, "This is our baby!"

To parents, their newborn looks beautiful. Other people may not agree until a few weeks later. See 8-1. At birth, a baby's skin is usually mottled and wrinkled. One baby may have

8-1 In spite of bowed legs, a flattened nose, fat cheeks, and a receding chin, a newborn looks beautiful to his or her parents.

a lot of hair, while another may be born quite bald. The head may be misshapen as a result of a difficult passage through the birth canal, but that won't last long. The newborn's ears are pressed to the head. The eyebrows and eyelashes can barely be seen. The cheeks are fat. The nose is flattened, and the chin is receding. These last two features are useful because they prevent the nose and chin from getting in the way during sucking.

A newborn's head is oversize for the rest of the body. The head accounts for one-fourth of the baby's total length. (Adults' heads account for only one-seventh of their total height.) Until the baby's neck muscles strengthen, the large head will be wobbly when the baby is lifted and held.

A newborn has almost no neck. The shoulders are sloping, the chest is narrow, and the abdomen is protruding. The legs usually are bowed because of the position assumed in the womb. The newborn's heart beats twice as fast as an adult's heart. The newborn also breathes twice as fast as an adult.

The average newborn is 20 to 21 inches (50 to 53 cm) in length and weighs 7 to 7 1/2 pounds (3.1 to 3.5 kg). Boys are generally longer and heavier than girls. Babies usually lose weight the first few days after birth, but they quickly regain this loss and then continue to grow.

WHAT THE NEWBORN CAN DO

The newborn has remarkable abilities including the use of all five senses: seeing, hearing, smelling, tasting, and feeling. He or she can breathe, suck, swallow, and get rid of wastes. The newborn also can respond to various stimuli with reflex actions.

What the newborn can see

The newborn's eyes are functioning from the moment of birth. The two eyes don't always work together right away because the muscles are not well developed. However, the newborn's eyes are sensitive to light and capable of vision.

The newborn's pupils adjust to bright and dim light. In fact, the newborn will squeeze the eyes closed when exposed to intense light.

In normal light, the newborn sees patterns of light and dark and can distinguish some shapes. The eyes focus best at a distance of 8 to 12 inches (20 to 30 cm). When a brightly colored object is placed within this range, the newborn becomes alert and tries to focus on it, 8-2. If the object does not move, the newborn will focus on it for only a short time. If the object moves back and forth, the baby will be able to watch the movement within a few hours of birth. A little later, the baby will be able to follow an up and down movement if it is slow.

8-2 From birth, a newborn tries to focus on brightly colored moving objects within his or her short range of vision.

Newborns like to look at some things more than others. They prefer patterns to plain colors. They prefer stripes and angles to curves and circles. They prefer moving objects to stationary ones. By the age of three weeks, the human face is what they like most to watch. It is interesting that parents instinctively behave according to their newborn's needs. When parents talk to their newborn, they usually bring their faces close to the baby's face, within the range where the baby's eyes can focus. As parents talk, they tend to nod and shake their heads. This movement is what the newborn needs to stay attentive.

What the newborn can hear

The ability to hear develops even before birth. A fetus responds to loud noises while still inside the woman's uterus. At birth, the baby can distinguish between different sounds but does not yet know the meaning of the sounds.

Newborns will turn toward the source of a sound. If a man and woman both speak at the same time, newborns will turn toward the female voice. This is because they became used to hearing their mothers' voices during their fetal development.

Babies respond readily to the cries of other babies. When one newborn in a nursery cries, others are likely to start crying too. Babies also respond readily to high-pitched sounds. This may be why parents tend to talk to their newborns in high-pitched voices rather than in low-pitched ones.

Human voices and music tend to be the favorite sounds of newborns. They also like soft, rhythmic sounds. In fact, the recorded sound of a human heartbeat is used to lull babies to sleep. They became used to hearing their mothers' heartbeats before they were born, and they find the sound comforting.

What the newborn can smell and taste

The senses of smell and taste are well developed at birth. A newborn can distinguish between two smells when both are presented at the same time. A baby soon learns to recognize its mother by her smell. Two or three days after birth, babies will cry and turn their heads away from strong, unpleasant odors such as household ammonia.

Babies can tell the difference between flavors within two or three days of birth. They will reject a bitter flavor and accept a sweet flavor.

What the newborn can feel

Newborns can feel changes in temperature at birth. They also can distinguish textures. In the first days after birth, they can feel pain.

From the moment of birth, newborns are extremely sensitive to the touch of other people. They respond quickly to a light touch on the skin. They stop crying when they are rubbed gently or held closely. Holding and cuddling have been found to enhance the baby's overall development. The physical contact also tends to strengthen the emotional bonding between the baby and the parents.

The newborn's reflexes

A baby cannot think about a situation, form a plan, and then act on it. Instead, nature has provided babies with *reflexes,* or automatic reactions to certain stimuli. Some reflexes are related to the baby's survival instinct. Some reflexes are related to actions the baby will not be able to do voluntarily until later. Other reflexes seem to exist for no reason at all.

Rooting reflex. When a baby's cheek or mouth is touched, the baby turns toward the touch and begins rooting to find food. The mouth opens, and the sucking motion begins. This reflex disappears after a few months when the baby learns to use the eyes to look for food.

Knowing that the rooting reflex causes a newborn to turn toward the touch can help a parent at feeding time. The parent should touch the cheek that is closest to the breast or bottle, causing the baby to turn toward the nipple. The parent should not push the baby's head toward the nipple. That would mean touching the other side of the baby's head, causing the baby to turn away.

Grasping reflex. This reflex is triggered by placing a finger or a long, thin object (like the handle of a rattle) in the palm of a newborn's hand. The newborn will grasp the object and will increase the strength of the grasp if the object is pulled away. A newborn's grasp is very strong, 8-3. This reflex disappears in a few months when the baby learns to reach for and grasp objects at will.

The grasping reflex applies to toes, too. When a finger or object is placed on the sole of a newborn's foot near the toes, the toes will curl in a grasping motion.

Babinski reflex. This reflex occurs when the sole of a newborn's foot is touched, but it has the opposite effect of the grasping reflex. The Babinski reflex can be seen when the outside of the sole of a newborn's foot is stroked. The newborn's toes will extend upward and outward.

Moro or startle reflex. When the baby's position is changed suddenly or when the baby hears a sudden loud noise, the Moro or startle reflex can be seen. The baby throws the arms apart, spreads the fingers, extends the legs, arches the back, and throws the head back. Then the baby brings the arms and legs back toward the body. To calm a startled baby, a parent can hold the baby or apply a light but steady pressure against the baby's body.

Stepping reflex. When a baby is held in an upright position and the sole of a foot touches a surface, the baby raises the foot. When the baby is tilted slightly from side to side so that alternate feet are raised, the baby appears to be walking. Parents should realize that this is only a reflex, not a signal that the baby is learning to walk at an amazingly early age. Babies don't learn to walk until many months later when their stepping motion is voluntary, not a reflex action.

HOW PARENTS CARE FOR THEIR NEWBORN

The combination of new parents and a new baby usually creates some confusion. The

8-3 A newborn's hands are generally curled into fists. If an object is placed in a newborn's palm, the fist closes tightly, and the baby holds the object with surprising strength. This is due to the grasping reflex.

parents may feel awkward as they begin caring for their baby. Even with training, new parents are seldom fully prepared for the first days at home with their baby.

There is no doubt that a baby causes many changes in the couple's daily routines. However, for parents who view these changes as positive ones, parenthood won't be just hectic and frustrating. It also will be fulfilling and rewarding.

Help from an experienced parent makes the adjustments to life with a baby easier. This is why new parents often ask one of the new grandparents to live with them for a short time after the baby is born. If a grandparent or other relative cannot stay, a friend or neighbor may be able to offer some help. In some communities, service agencies organize support groups for new parents. Other new parents use the telephone to seek advice from family members, friends, or doctors. Friendly support and assurance help the couple adapt to their new roles as parents.

Holding the newborn

Newborns like to be held, 8-4. It makes them feel safe, secure, and loved. Newborns also like people to talk to them. When parents hold and talk to their baby, they are making the baby feel good. In addition, this communication encourages the baby's intellectual and emotional development.

When holding a newborn, parents should be sure to give firm support to the newborn's back and head. Neck muscles are weak at birth, so a newborn's head tends to roll about if it is not supported.

The newborn's sleeping habits

Parents often compare notes about various activities and habits of their babies. One common question among parents is, "How much does your baby sleep?"

Most newborns sleep about 18 to 20 hours a day. Their longest sleeping period is about five hours. That means that they wake up once or twice during the night. Therefore, the parents' sleeping patterns are dictated by the newborn's sleeping pattern.

Sleeping patterns vary from newborn to newborn. Some need more sleep than others. Their sleep patterns are guided by how much sleep they need and how often they are hungry. As they gain weight, they sleep longer at night. Eventually, their need to be fed at night disappears.

Most newborns prefer to sleep on their stomachs. This position is comfortable, and it seems to help their digestion. Other babies prefer to sleep on their backs, and some don't seem to have a preference. As they sleep, newborns move their mouths to smile and make faces. They breathe irregularly and move their eyes beneath their closed eyelids.

Parents can lull their newborns to sleep by cuddling them and rocking them. As they sleep, newborns should be warm and dry. They should be away from drafts, strong light, and loud noises. They do not have to be protected from ordinary household noises. Parents do not need to tiptoe and whisper while their babies are asleep. Babies are adaptable and will learn to sleep through ordinary noises.

Cribs for newborns should have sturdy sides, and the padding should be firmly fastened. To prevent smothering, pillows should not be used, and blankets should be used with caution. Parents should check their babies often as they sleep to make sure nothing is interfering with their breathing.

Feeding the newborn

Next to sleeping, the newborn's most time-consuming activity is being fed. Feeding times provide opportunities to enhance parent-child relationships. This is true whether the baby is fed breast milk or formula from a bottle.

The choice between breast and bottle feeding may be difficult for parents. Both methods have certain advantages, 8-5. The most important factor in this decision is the attitude of the parents. Unless there is a medical reason for choosing one method of feeding over another, the parents should feed the baby in the way that is most satisfying for them. If they enjoy feeding times, they will be able to relax and express their love, warmth, and tenderness. This is what their baby needs.

A few guidelines will help parents feed their aby:

- Sit in a comfortable chair that has arm rests. Cradle the baby in your arms so that you are face to face. You may want to place a pillow in your lap under the baby for more support.
- If breast-feeding, keep the breast from pressing against the baby's nose so the baby can breathe freely while nursing. Let the baby begin with the right breast at one feeding and the left breast at the next feeding.
- If bottle-feeding, hold the baby in a semi-upright position. Hold the bottle so both the neck and the nipple are always filled. Never prop the bottle, and do not leave the baby alone to drink the formula. If the baby falls asleep, remove the bottle from his or her mouth.
- "Burp" or "bubble" the baby to bring up any air that may have been swallowed. To do this, hold the baby upright, either sitting on your lap or lying up against your shoulder. (You may prefer to lay the baby, stomach-down, across your lap.) Then pat the baby gently on the back until the air bubble is released and you hear the burp. Burp the baby once or twice during feeding and again after feeding.

Doctors and child nutritionists still do not agree on the question of scheduled or self-demand feeding routines. If parents try to adhere to a rigid schedule, they may have trouble satisfying the baby's appetite and sleeping needs. If they choose the demand routine, they

8-4 Parents like to hold their newborn, and a newborn likes to be held. The important point to remember is to provide firm support for the baby's head.

BREAST OR BOTTLE FEEDING

Benefits of Breast Feeding

The newborn receives colostrum from the breasts for a few days before the milk "comes in." Colostrum contains antibodies which provide temporary immunity to several illnesses.

The breasts adjust the quantity and rate of milk production to meet the baby's needs.

The baby is less likely to overeat, to have constipation or diarrhea, or to have an allergic reaction.

Milk is always available, sterile, and at the right temperature. There is nothing to buy or prepare.

Close physical contact is emotionally satisfying for both baby and mother.

Nursing helps the mother's uterus return more rapidly to its normal size and position.

Benefits of Bottle Feeding

The nutritive value of a formula never varies. The milk supply is not affected by what the mother eats or drinks, by the medications she takes, or by her state of mind.

Several types of formulas are available and suitable for most babies. Some formulas require very little preparation.

The quantity of food the baby eats can be measured.

Both father and mother can experience the emotional satisfaction of feeding their baby.

The mother is not tied down to the baby's feeding schedule. She can resume her career or other activities sooner.

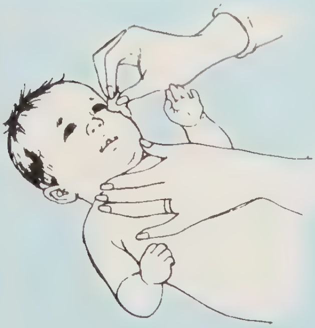
8-5 The choice between breast and bottle feeding is a personal decision to be made by parents.

will let their baby decide when to eat and when to sleep. The baby's routine may not always be convenient for the parents.

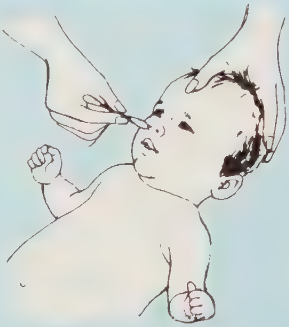
Eventually, most babies develop fairly regular hunger patterns. Newborns need six to eight feedings during a 24 hour period. When the night feeding is eliminated, babies will take larger quantities at the remaining feedings. Solid foods will not be introduced for a few months since newborns cannot digest them.

Bathing the newborn

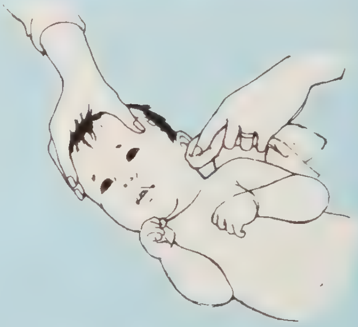
Before new parents take their baby home, hospital personnel usually show them how to bathe their baby safely. The baby can be bathed at any time of day, whenever it is convenient for the parents. Giving the bath before a feeding is usually best. Bath time is a social time for the baby and parents. If the parents act relaxed and talk quietly and soothingly, the baby will learn to enjoy bath time.



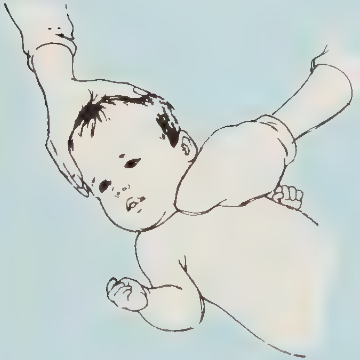
1—EYES Hold baby's head firmly and wipe each eye with a fresh cotton ball that has been dipped in lukewarm water and squeezed out. Wipe each eye from the inside corner out. Use a fresh cotton ball for each eye.



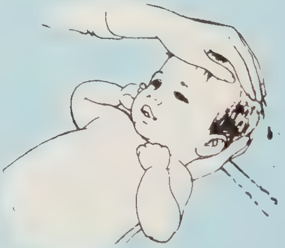
2—NOSE Moisten a fresh Swab with warm water and gently cleanse just inside each nostril. Be careful not to push Swab or let water drip into nose. Pat baby's face dry.



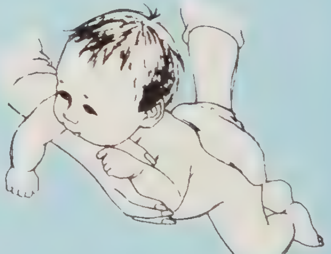
3—EARS Using a soft wash cloth, gently wipe the outside of the baby's ear and then clean behind each ear. There is no need to clean inside the ear canal because the ear naturally expells any wax build-up. *Never put anything into the baby's ear canal to try to clean it.*



4—FACE Wrap a wet, squeezed-out washcloth around your hand. Wash face, one side at a time. Pat dry with small, soft towel.



5—HEAD Next, shampoo your baby's scalp. Put your arm under the baby's back and your hand behind his head. If you hold baby's head back, soap and water will run off at the back, not down his face or front. Start by squeezing plain water from the washcloth onto baby's scalp. Don't be afraid of the soft spot. It's tougher than you think. With free hand, wash head with Liquid Baby Bath, using circular motion. Rinse by squeezing more plain water from the washcloth onto scalp until all suds have been washed away.



6—BODY Remove the diaper. Soap the rest of the baby's body. Remember, avoid wetting the navel area until the cord has completely healed. Rinse away lather with washcloth. Pat dry, being careful to get into all creases and skin folds. Finally, dip cotton ball in Baby Oil or Baby Lotion and apply lightly to groin, buttocks and creases in diaper area. Preparation for dressing is the same as in Tub Bath under general skin care.

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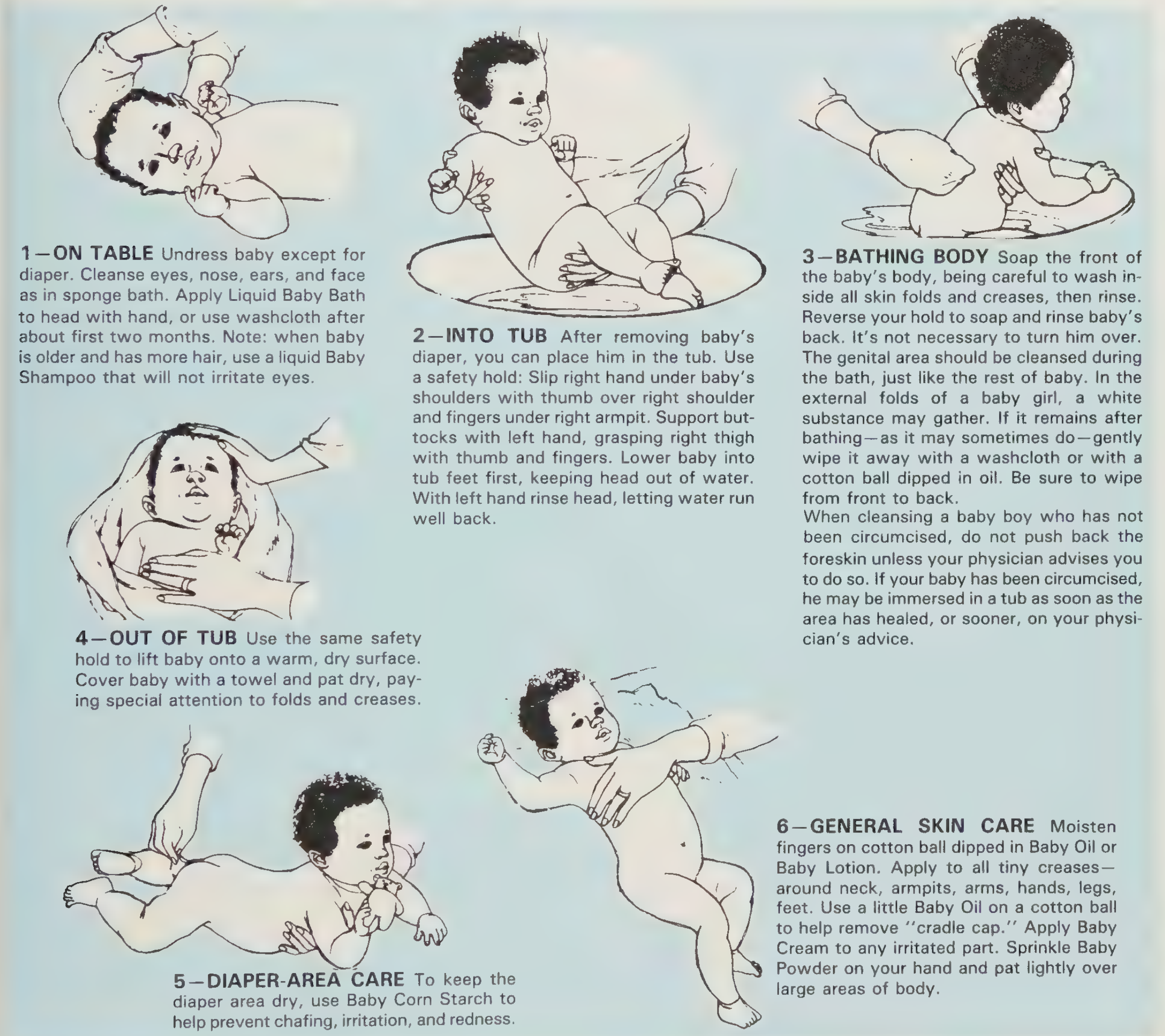
8-6 Sponge baths are usually given until the baby is about two weeks old.

It is important that the baby be bathed in a room that is warm and draft free. All the bath items, clean diapers, and clean clothes should be at hand before the bathing is started. The most important rule to remember is to *never leave a baby alone on a table or in a tub, not even for a few seconds.*

Sponge baths are usually given until the stub of the umbilical cord drops off and the navel heals. To prepare a baby for a bath, undress the baby except for the diaper. Keep the baby wrapped in a blanket while washing the face and head. Further directions for sponge baths are given in 8-6.

After a few weeks, a baby is ready to enjoy tub baths. The temperature of the water should feel warm to the skin. A parent can test the temperature by dipping an elbow into the water. It should feel comfortably warm, not hot or cold. Further directions are given in 8-7.



1—ON TABLE Undress baby except for diaper. Cleanse eyes, nose, ears, and face as in sponge bath. Apply Liquid Baby Bath to head with hand, or use washcloth after about first two months. Note: when baby is older and has more hair, use a liquid Baby Shampoo that will not irritate eyes.

2—INTO TUB After removing baby's diaper, you can place him in the tub. Use a safety hold: Slip right hand under baby's shoulders with thumb over right shoulder and fingers under right armpit. Support buttocks with left hand, grasping right thigh with thumb and fingers. Lower baby into tub feet first, keeping head out of water. With left hand rinse head, letting water run well back.

3—BATHING BODY Soap the front of the baby's body, being careful to wash inside all skin folds and creases, then rinse. Reverse your hold to soap and rinse baby's back. It's not necessary to turn him over. The genital area should be cleansed during the bath, just like the rest of baby. In the external folds of a baby girl, a white substance may gather. If it remains after bathing—as it may sometimes do—gently wipe it away with a washcloth or with a cotton ball dipped in oil. Be sure to wipe from front to back.

When cleansing a baby boy who has not been circumcised, do not push back the foreskin unless your physician advises you to do so. If your baby has been circumcised, he may be immersed in a tub as soon as the area has healed, or sooner, on your physician's advice.

4—OUT OF TUB Use the same safety hold to lift baby onto a warm, dry surface. Cover baby with a towel and pat dry, paying special attention to folds and creases.

5—DIAPER-AREA CARE To keep the diaper area dry, use Baby Corn Starch to help prevent chafing, irritation, and redness.

6—GENERAL SKIN CARE Moisten fingers on cotton ball dipped in Baby Oil or Baby Lotion. Apply to all tiny creases—around neck, armpits, arms, hands, legs, feet. Use a little Baby Oil on a cotton ball to help remove "cradle cap." Apply Baby Cream to any irritated part. Sprinkle Baby Powder on your hand and pat lightly over large areas of body.

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8-7 During a tub bath, place a towel on the bottom of the tub to help keep the baby from slipping.

Some babies develop *cradle cap*. This is a condition in which a scaly crust appears on the scalp. Sometimes it develops on the fontanel, or soft spot. Parents should not be afraid of injuring the baby by touching the fontanel. Gentle handling will do no harm.

The best way to prevent cradle cap is to thoroughly wash and rinse the scalp daily. If the condition does appear, soap should not be used on the scalp for a few days. Instead, a little baby oil should be rubbed gently into the crust. The oil will soften the crust so it can be removed easily with a washcloth. Forceful rubbing should never be used to remove the crust. If the gentle baby oil treatment does not work, parents should call their doctor for advice.

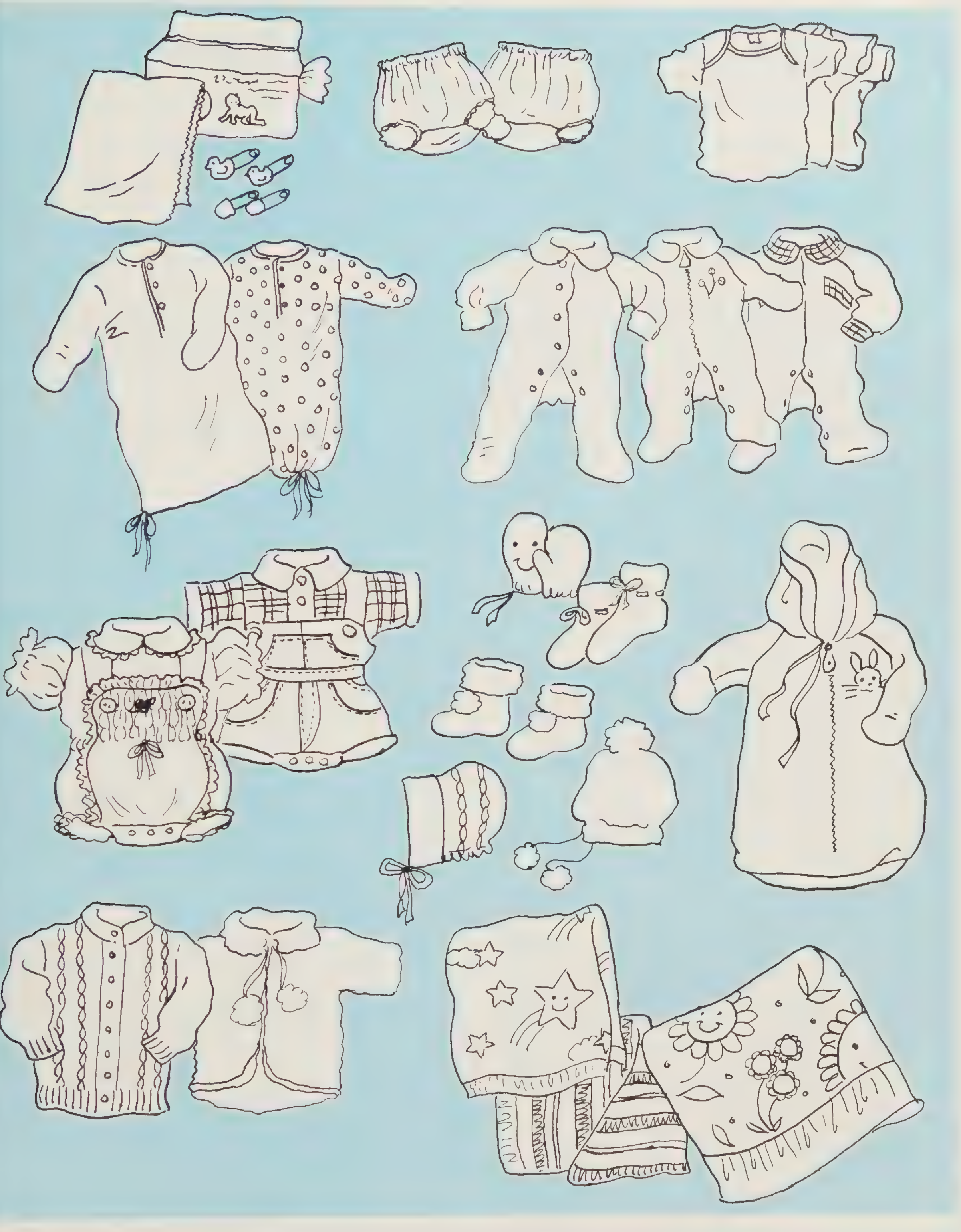
Clothing the newborn

Newborns spend most of their time sleeping and eating. They don't need extensive wardrobes. Parents should try to avoid the temptation of buying lots of cute outfits for their newborns. Babies grow quickly, and garments that fit at birth will soon be too small. The basic wardrobe items a newborn needs are listed in Chart 8-8.

THE NEWBORN'S WARDROBE

ITEM	QUANTITY AND OTHER NOTES
Diapers	Disposable diapers as needed. 1 dozen disposable or cloth diapers for emergencies if using a diaper service. 4 dozen cloth diapers if laundered at home.
Diaper liners	As needed for use with cloth diapers.
Diaper pins	4-6 for use with cloth diapers. Be sure they have safety heads.
Vinyl pants	4-6 pairs for use with cloth diapers. Replace when they become brittle. They should not be too tight around the waist and legs.
Cotton knit shirts	3 or more. Worn to protect baby from drafts and to absorb perspiration.
Cotton knit nightgowns	2 or more. For both boys and girls. May have drawstring around the bottom to keep feet warm. Should be long and loose so baby can move freely.
Stretch garments	3 or more. One or two-piece knit garments with built-in feet for day or night wear. Should be comfortable and loose-fitting. Lightweight, cool fabrics for warm weather; warm, cozy fabrics for cool weather.
Special outfits	1 or 2 cute outfits for special occasions.
Sweaters	2 or more. Choose fabric according to climate. Should fit comfortably, without binding.
Caps or hats	1 or more. Worn for warmth and protection from drafts. Choose cotton or silk caps for warm weather; acrylic caps for cool weather.
Mittens and booties	1 or 2 pairs of each. Should have plenty of room for movement of fingers and toes.
Blanket sleeper or bunting	1 or more if needed for cold weather.
Cotton receiving blankets	3-6 or more. Used to wrap baby after bath or when outdoors in warm weather. Used to protect parent's lap during feeding. Used as a lightweight crib blanket in warm weather or as a cozy sheet for the crib in cold weather.
Acrylic or wool blankets	1 or 2. Used in cold weather as a crib blanket or to wrap baby when outdoors.

8-8 Comfort and ease of care are the major considerations when selecting a newborn's wardrobe.



8-8 (continued)

As smart parents shop for baby clothes, their main concern is the baby's comfort. Their second concern is ease of care since babies seem to be in constant need of a clean set of clothes. The climate, the season of the year, and their budget are other factors to consider.

Reading labels is an important part of shopping. Size labels may give recommendations according to age or weight or both. Weight is generally a more accurate guide than age. Other labels list the fiber content and care instructions. Cotton is an excellent fiber for baby clothes. It is soft, absorbent, comfortable, durable, and easy to wash and dry. Acrylic is a fiber commonly used in baby sweaters, booties, and blankets. It is soft, comfortable, and washable.

Knitted fabrics are more comfortable than woven ones because they stretch with the baby's movements. Wrap-around and snap-on styles are excellent for newborns. Pullover garments should have stretchable necklines. For safety reasons, no baby garment should have a drawstring around the neck.

Dressing babies in layers of clothes makes sense. Babies are more sensitive to temperature than adults are. They can quickly become too hot or too cold. Parents can check the comfort of their baby by feeling the baby's hands and feet. Then parents can add a sweater or remove a blanket accordingly.

Diapers. Diapers are the baby's most essential clothing items. Newborns use as many as 90 to 100 diapers a week.

Many parents use disposable diapers on a daily basis. Others use them only as a supplement to cloth diapers. They are handy when traveling and in emergencies. These single-use diapers come in various sizes and thicknesses. They are secured with tape rather than with diaper pins.

A diaper service offers convenience, but it may be expensive. It takes care of the laundering and provides parents with 75 to 100 clean cloth diapers a week.

Cloth diapers washed at home are less expensive to use than disposable diapers or a diaper service, although laundry costs should be considered. A standard supply is about four dozen. Reusable cloth diapers may be made of bird's-eye, flannel, or gauze fabric. They may be prefolded, fitted, or flat. Instructions for folding flat diapers are given in 8-9.

A separate, disposable lining is often used inside a cloth diaper. The lining helps keep the baby drier and more comfortable. It also prevents soiling and staining of the cloth diaper, making cleanup less of a chore.

Vinyl (plastic) pants are usually worn over cloth diapers for protection against accidents. Vinyl pants should be soft and flexible. They come in various sizes to allow for a comfortable fit.

Diaper rash is a skin problem that is easier to prevent than to cure. The key to prevention is cleanliness. The following guidelines will help parents protect their baby from diaper rash.

Change wet or soiled diapers promptly.

Cleanse and dry the skin in the diaper area thoroughly, paying special attention to skin folds and creases.

If washing diapers at home, special laundry care will help keep diapers clean and soft. Thoroughly rinse soiled diapers right away. Place all used diapers in a covered plastic diaper pail that is about half-filled with water, suds, or a borax solution. Wash the diapers in hot water and rinse them thoroughly, using an extra rinse, if available. A detergent residue or hard-water film will make diapers stiff, nonabsorbent, and irritating to the baby's skin.

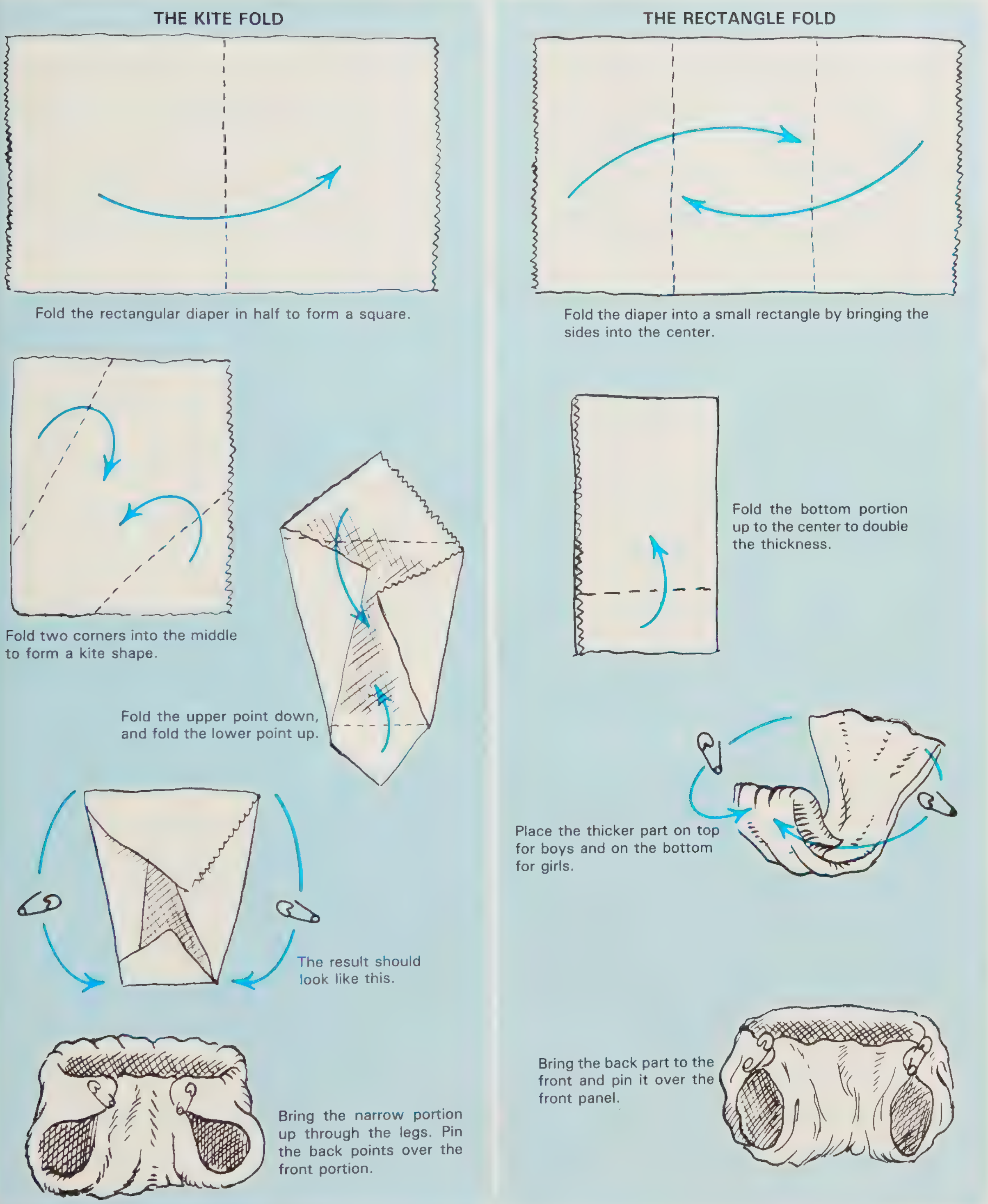
If diaper rash develops, ask a doctor for advice.

When the newborn cries

Crying is the only way newborns can communicate. They cry whenever they need something. Because newborns' cries are based on their needs, parents should not hesitate to respond. Answering cries promptly and consistently does not spoil babies. Instead, it is a good way for parents to express their love and concern. This, in turn, helps babies learn that their parents can be trusted to fulfill their needs.

A word of explanation may be needed here. Moderation is wise in most child care practices,

FOLDING CLOTH DIAPERS



THE KITE FOLD

Fold the rectangular diaper in half to form a square.

Fold two corners into the middle to form a kite shape.

Fold the upper point down, and fold the lower point up.

The result should look like this.

Bring the narrow portion up through the legs. Pin the back points over the front portion.

THE RECTANGLE FOLD

Fold the diaper into a small rectangle by bringing the sides into the center.

Fold the bottom portion up to the center to double the thickness.

Place the thicker part on top for boys and on the bottom for girls.

Bring the back part to the front and pin it over the front panel.

8-9 Cloth diapers must be folded to fit babies comfortably.

including responding to cries. Generally, it is good for parents to respond promptly and consistently. This does not mean that parents should feel obligated to jump up and answer every whimper right away. There are times when parents may be too tired or too busy to immediately answer a mild cry for attention. That's okay. Babies build their trust on overall fulfillment of their needs, not on immediate answers to each one of their cries.

Babies and their parents gradually refine their communication patterns. Babies vary their cries according to their needs, and parents learn to interpret the various cries. See 8-10.

A hunger cry starts slowly and builds to a loud demand. It usually begins shortly before a feeding time. However, since newborns aren't always regular in their hunger patterns, hunger cries may not come at regular times.

A cry for attention is a fussy, whimpering cry. It becomes louder and more insistent if it is ignored. It sounds more forced or less "natural" than the hunger cry. The cry for attention may stop as soon as a parent appears. At other times, it may continue until the baby is cuddled, carried to a different room, or entertained by the parent.

A cry of pain is an urgent cry that begins as a sudden, shrill scream. The scream is followed by a brief silence and then several short gasps. The scream-silence-gasps cycle is repeated until the pain is relieved and the baby is calmed. If the baby is really hurt, a doctor should be called. Sometimes the baby is as much surprised as hurt, as in the case of being pricked by a diaper pin. Then the baby needs to be calmed by cuddling, rocking, and soft, reassuring words or music.

A colic cry is particularly disturbing for parents. *Colic* is severe and intermittent abdominal pain. The baby cries because of the pain and is inconsolable until the pain subsides. All babies cry if they get enough air or gas in their digestive systems, for this causes cramping and pain. Colicky babies seem to react more violently to air than others. The most comfortable position for many colicky babies is to be held in an upright position against a parent's warm body. Babies who have colic may cause their parents to have many sleepless nights. The babies thrive and look very healthy even though their mothers and fathers may look exhausted. Some doctors offer medication to relieve colic, while others hesitate to resort to this. A typical case of colic does not last beyond three months and stops of its own accord.

8-10 Newborns cry when they need something. Once their needs are met, they return to their peaceful sleep.

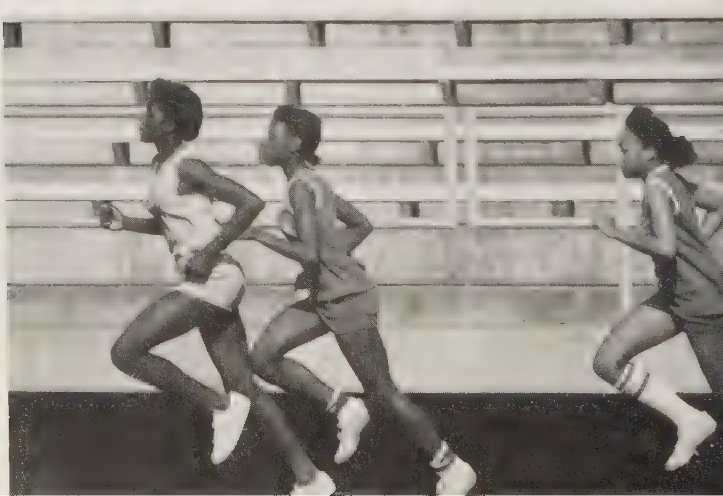
Some babies cry more than others. Some are comforted more easily than others. Parents should try not to become upset when their baby cries. They should respond to the cries and comfort the baby as much as possible. When nothing works although the baby seems to feel fine, parents should keep the scene in perspective. The bad times will pass and will be far outnumbered by the good times. Once the baby is smiling and cooing again, parents will remember how lucky they are to have such a wonderful baby.

to Review

1. True or false. A newborn who has crossed eyes should be taken immediately to an eye doctor for treatment.
2. Briefly describe the following characteristics of a newborn: skin, ears, eyebrows and eyelashes, cheeks, nose, chin, head, shoulders, chest, abdomen, legs, heartbeat, rate of breathing, length, and weight.
3. Give examples to show how a newborn is capable of using each of the five senses.
4. Name and describe five reflexes of a newborn.
5. When holding a newborn, why is it important to give firm support to the newborn's back and head?
6. About how many hours a day do most newborns sleep?
7. Why should a parent "burp" or "bubble" a baby during and after a feeding? How should this be done?
8. True or false. Newborns cannot digest solid foods.
9. What is the most important rule to remember when bathing a baby?
10. What should be the main concern of parents as they shop for baby clothes? Name three additional factors they should consider.
11. Why is cotton an excellent fiber for baby clothes?
12. What can parents do to protect their baby from diaper rash?
13. Will answering a baby's cries promptly spoil the baby? Why or why not?
14. What is colic?

to Do

1. Fill a bulletin board with pictures of newborns. Note the physical characteristics described in the chapter.
2. Arrange a field trip to the nursery of a local hospital to observe newborns. Ask each class member to describe his or her reactions to seeing real newborns.
3. Using a soft, limp, life-size doll, practice picking up, laying down, holding, feeding, burping, bathing, diapering, and dressing a baby.
4. Invite several new parents to visit your class and describe how they feel about their new roles as parents. Be prepared to ask them questions about how they prepared for their parenting roles, how their daily routines and social lives have changed, what fears and problems they have experienced, and what resources have been most helpful.
5. While new parents are visiting your class, interview them about the daily care of their babies. Ask questions about how much the babies eat, how long they sleep, how they demonstrate the use of their five senses, and what reflexes they have shown.
6. Ask each class member to respond to the statement, "If and when I become a parent, the most important feeling I will have is . . ."



part three

Growth and changes during parenthood

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10 Parents and their toddlers, 151
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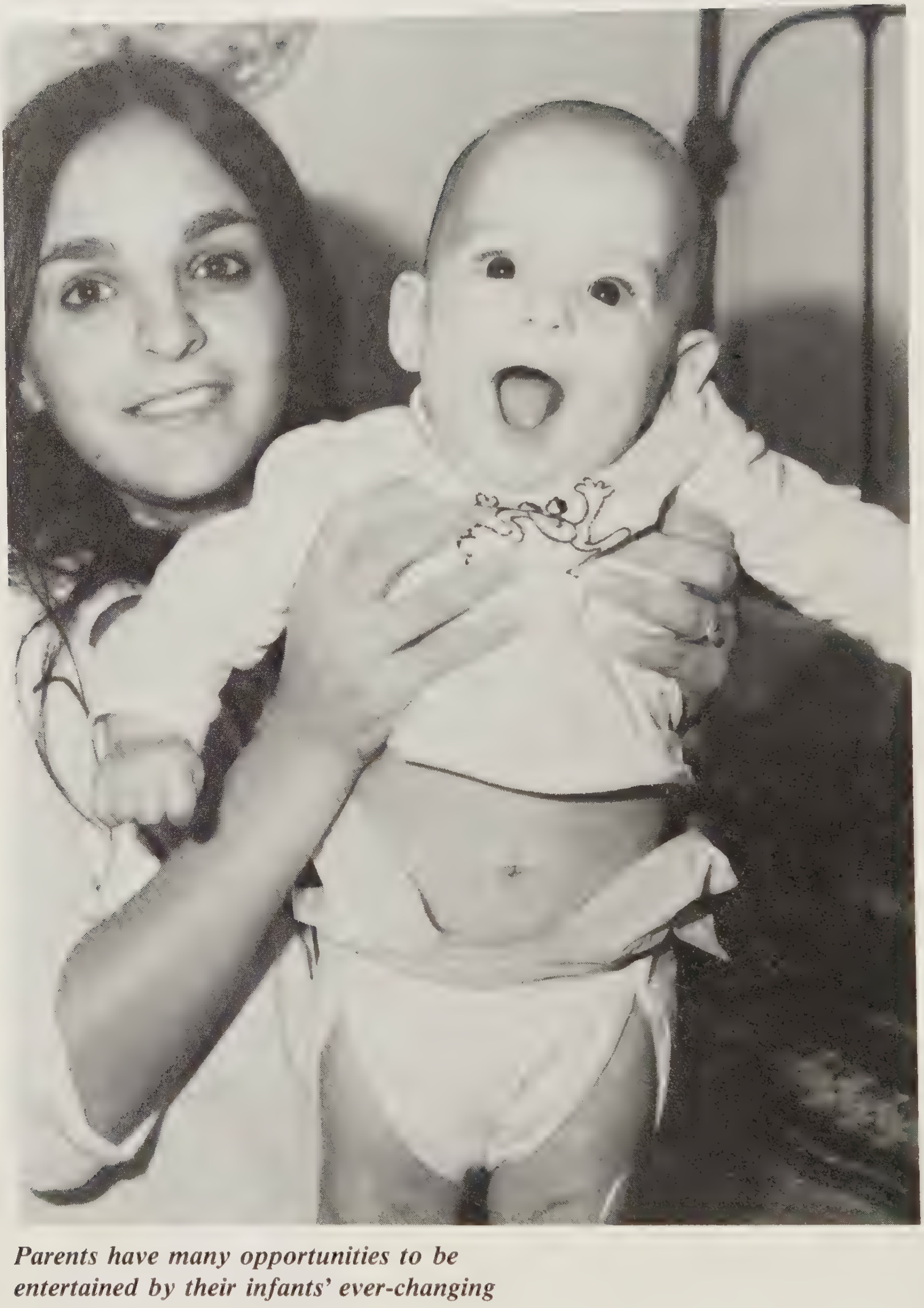
Physical development; Anorexia nervosa; Health risks of smoking, drinking, drug abuse; Sexual health; Intellectual development; Decision-making skills; Emotional/social development; Parents and friends; Dating; Self-concept; Growth charts



Parents have many opportunities to be entertained by their infants' ever-changing reactions to their exciting new world.

9

Parents and their infants

This chapter will help you identify steps in the physical, intellectual, emotional, and social development of infants. In addition, it will help you recognize the responsibilities and joys of caring for infants and appreciate the importance of parental guidance during a child's first year of life.

Throughout the first year, parents watch their infants grow and develop at an amazing rate. During these first 12 months, infants triple their birth weight. They grow to 1 1/2 times their height (length) at birth. Several of their reflexes are replaced by controlled movements. For instance, instead of just grasping objects, infants learn to pick things up, bang them together, and drop them intentionally. Instead of depending on their sucking reflex, they learn to eat solid foods and drink from a cup.

Parents may think of their newborns as helpless. Twelve months later, they wouldn't think of using that word to describe their infants. By that time, the infants are busy exploring—crawling and perhaps even walking everywhere.

Infants take giant steps in developing their senses and comprehension, too. They learn to recognize their parents and often greet their parents with big, wet smiles. They learn to understand simple words and react appropriately. They may even have a few words to say themselves.

The days of infancy are challenging for both parents and their infants. Often, however, parents are surprised and a little disappointed when they suddenly realize that the infancy period is over. They can hardly believe that their tiny, cuddly babies have already become active toddlers.

Some of the best advice parents give each other is to make the most of each day as it comes. That way, parents can enjoy all the different stages of their children's development. They won't be looking back, wishing for the good old days when they rocked their newborns to sleep. Nor will they be looking ahead to the days when their children will be able to dress themselves. Each stage has its high and low points. Wise parents accept the fact that each stage is special and unique. They try to enjoy all the different stages as much as they can.

PATTERNS OF DEVELOPMENT

Children around the world are much more alike than they are different. They share most of the same physical characteristics. They follow the same general patterns of development.

One basic pattern of development is that development proceeds, in general, from head to foot. At birth, the head is more highly developed than the legs and feet, and the baby will remain top-heavy for many months. About halfway through the first year, the lower part of the body finally will be able to support the baby in a sitting position. Not until the end of the first year, or even later, will the baby's legs be strong enough to take their first steps.

Another basic pattern of development is that development proceeds, in general, from the trunk of the body outward. A baby's first learned movement is to roll over. This requires control of the muscles in the trunk of the body. Later, the baby learns to control the muscles of the arms and legs. Still later, a baby gains control of the hands and feet. Finally, the baby learns to use his or her fingers and thumbs to pick up small objects.

Development follows many predictable patterns. Children sit before they stand, stand before they walk, and walk before they run. Children follow another predictable pattern as they learn to talk. First, they learn to make sounds. Gradually, they build upon that skill and learn to say words. As development continues, children learn to put words together in sentences.

The sequence of events in a developmental pattern is the same from child to child. The timing, however, varies with each child. Baby A may just be learning to stand when Baby B, the same age, has been walking for weeks. However, Baby A may be able to say several more words than Baby B can say. Both babies will learn to walk, and both will learn to talk. They will follow the same patterns of development as they learn to walk and talk, but their timetables will differ.

Because development follows predictable patterns, authorities in the study of child development can set up descriptions of "average" children. They observe thousands of children and then write general descriptions of how and when children develop certain skills. These general descriptions help parents understand children's growth and behavior. Yet parents must remember the most important fact about children: *Each child is a unique individual from the moment of birth.* See 9-1. Parents cannot expect their child to match every trait listed in generalized child development charts. Instead, parents need to use the charts as a tool to help them become familiar with the different stages of child development. They then can observe their child's unique behavior and respond in ways that are appropriate for their child's level of development.

PHYSICAL DEVELOPMENT

Parents enjoy watching the rapid progress of their baby's physical development during the first year. They may keep a record of their baby's achievements in a baby book. Parents may also keep a camera on hand to capture special moments.

Physical development during the first year of life involves much more than just growing in height and weight. Great strides are taken in muscle control and coordination. In this first year, babies learn how to move their bodies and how to control and coordinate their movements. These achievements depend on the development of both large and small muscles.

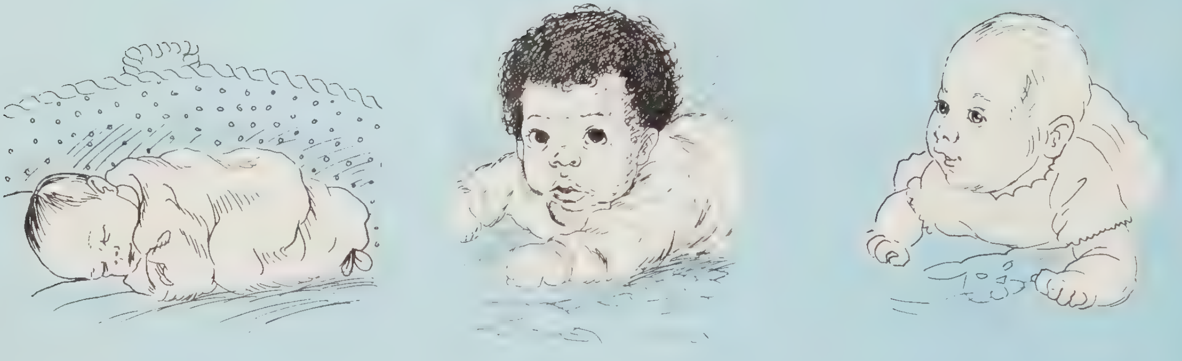
Large muscle development

Large muscle development involves skills that use the large muscles of the body, such as those of the trunk, neck, legs, and arms. Steps in large muscle development throughout the first year are pictured in 9-2.

When parents first bring their babies home, the infants often lie in the fetal position. Their

9-1 Each child is a unique individual from the moment of birth, with his or her own moods, expressions, and rate of development.

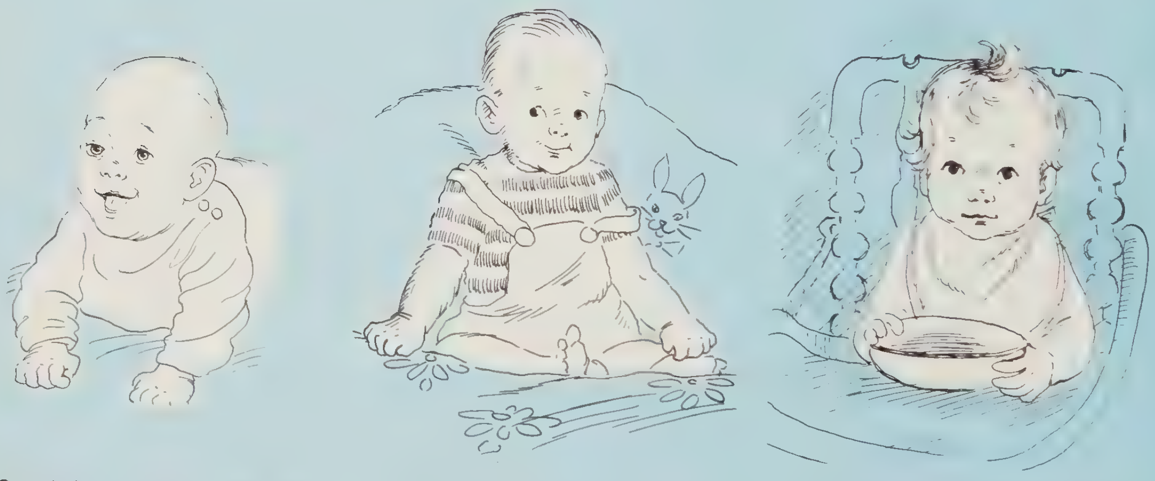
LARGE MUSCLE DEVELOPMENT



1—Newborns lie curled up in a fetal position.

2—As infants gain more control of their neck muscles, they can hold their heads up.

3—Babies can hold their heads up higher and for a longer time when they bend their arms for support.

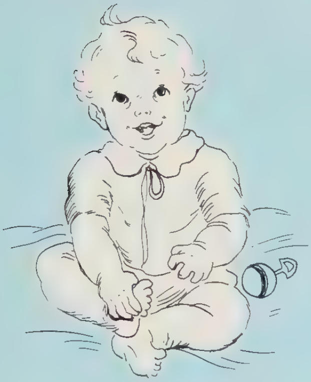


4—Soon babies can raise their chests, supporting themselves with straightened arms.

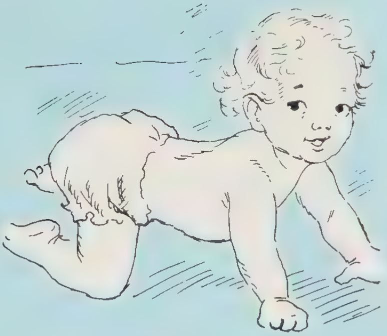
5—Babies can keep their backs firm and their heads steady when propped up in a sitting position for a short time.

6—With better muscle control and balance, babies can sit up with slight support.

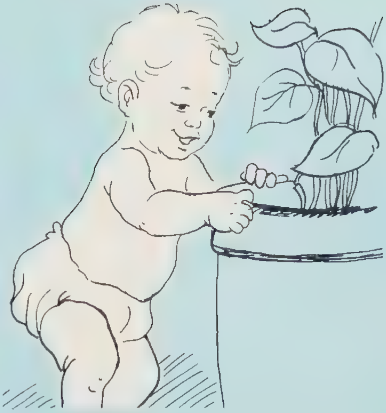
9-2 Babies follow the same general patterns of development although their timetables differ. These are some of the highlights of large muscle development in the first year.



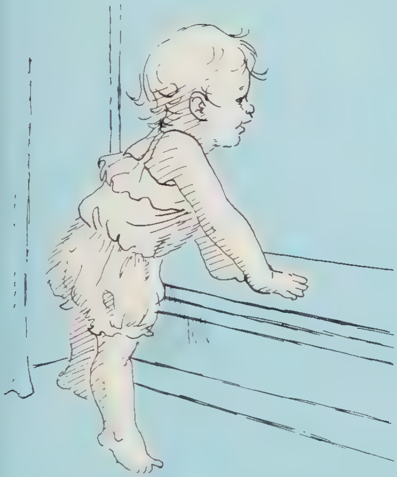
7—Babies can finally sit up without support.



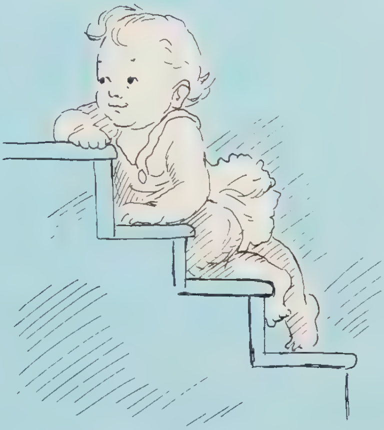
8—Once babies can crawl, they are ready to explore.



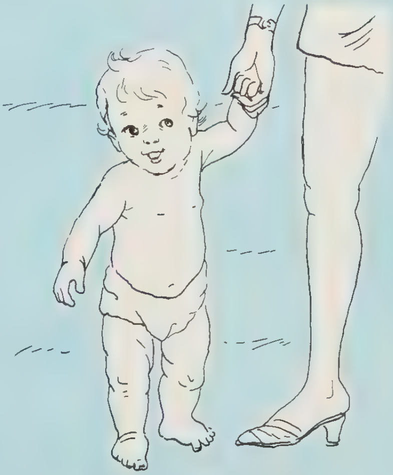
9—Babies' first attempts at pulling themselves up to a standing position may be shaky.



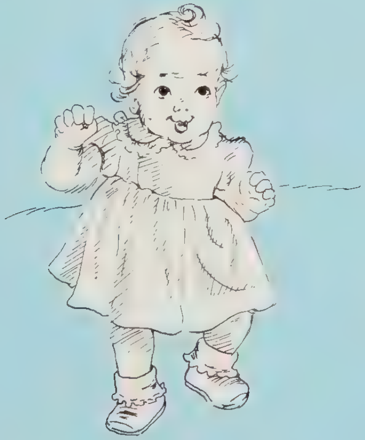
10—Before long, they will be standing whenever possible and "cruising" around furniture.



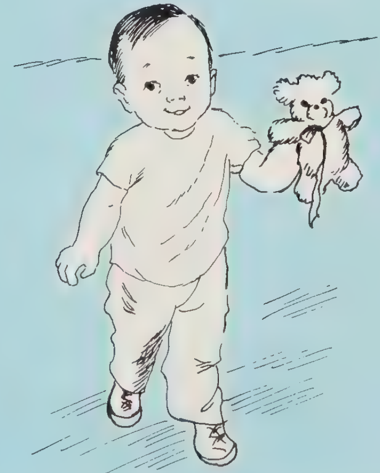
11—Stairs are both challenging and fun.



12—Babies like to walk holding on to a parent's hand.



13—The first steps alone are wobbly, with hands held high for balance.



14—Eventually, babies learn to walk more steadily.

9-2 (continued)

movements may look disorganized. Their whole bodies twitch when they cry, and their arms and legs fling out in all directions.

As infants lie on their tummies, they can lift their heads slightly in order to turn them from one side to the other. The neck muscles are weak, however, so when babies are held, their heads must be supported. Gradually, babies gain more control of their neck muscles and are able to raise and turn their heads more skillfully.

Movements of the arms and legs begin as reflex actions and may look rather awkward. As their muscles develop, babies cycle their arms and legs more smoothly. With increased coordination, babies can move an arm and leg in unison, first on one side of the body and then on the other. Or babies can move their arms together or their legs together with some control. As the kicking becomes more vigorous, proud parents may predict that their children will become famous football place kickers, swimmers, or dancers.

Parents may suddenly have more difficulty changing diapers and dressing their babies because of the thrashing movements of their babies' arms and legs. Babies enjoy being able to control their movements, and they practice endlessly.

By about the age of four months, babies have good control of their large muscles and are ready to enjoy interactions with their parents. At the sound of their parents' voices, they turn their heads and begin waving their arms and legs in excitement. When lying on their tummies, babies may playfully rock like an airplane, with their arms and legs extended. They may even enjoy being propped up with pillows in a sitting position for short periods of time. This gives them a new perspective on their world.

The next new skill for babies is rolling over, 9-3. They begin rolling from side to side when on their tummies. After some practice, they will roll over from their tummies to their backs. The first time babies accomplish this, they may look pleasantly surprised. They will practice this trick repeatedly. Before long, they will learn how to roll over the other way—from their backs to their tummies. Parents are happy to

9-3 The floor is the best place for babies to practice rolling over since they cannot fall.

see this development because it means that babies are able to change their own positions for comfort. While practicing their rolls, babies also learn to move by rocking, twisting, and kicking against a flat surface. They also enjoy being supported in a standing position. They move their bodies up and down and stamp their feet as if to say, "I'm getting ready to move!"

At about six months, babies are struggling to develop better muscle control and a sense of balance. They can sit up with slight support, as in a walker or high chair. When on a flat surface, they may try to get up on their hands and knees in a crouching position, only to lunge forward on their noses. Babies this age are surprisingly durable and bounce back easily from their tumbles. Instead of crying, they simply try again. Babies seem to sense that bumps and falls are all a part of growing up.

Before long, babies learn to balance themselves on their hands and knees. At first, they may just rock back and forth in this position. When they start crawling, their first attempts may find them traveling backward. Soon they are moving forward and crawling everywhere.

Babies seem to be born with an instinct to achieve an upright position. In their playpen or crib, they will work to pull themselves into a flexed, half-standing position, with their bottoms out and wavering. Once they achieve this standing position, they find that they have a new problem—how to get down. At this point, some babies will cry for help. Others will simply let go and fall with a thud back to a sitting position. In either case, they will try and try again. Slowly, they will learn to keep their balance and will be delighted with their new ability to stand.

Babies take some time perfecting their skills of crawling and pulling themselves to a standing position, 9-4. With these skills, they are able

9-4 Babies develop individual crawling styles, and their speed improves with practice.

to explore their surroundings. If stairs are nearby, babies will view them as a fun place to travel. Parents will have to either make the stairs off-limits or teach babies how to back down safely.

Standing becomes a favorite activity for babies. As their leg muscles strengthen and their balance improves, they become more daring. At first, they may practice stepping sideways. This is usually done as they face and hang on to a low table or couch. Their "cruising" skills will improve, allowing them to take steps while lightly touching the surface of furniture for support and balance. At this stage, parents can delight children by holding their hands and helping them take a few wobbly steps.

The next trick babies learn is to stand up on their own. This differs from their old routine of pulling themselves up by hanging on to something. To stand up on their own, they flex their knees and push off from a squat. They may surprise themselves by standing alone for a second and may not know what to do next.

Babies are individuals, and their individuality shows clearly in their actions as they approach their first birthday. Some are crawling rapidly, following their parents from room to room like a shadow. When placed in a playpen, their determination to explore is so strong that they might find a way to climb out and start roaming.

Other babies are more fascinated by standing. They stand next to furniture, in feeding chairs, in bathtubs, in strollers, and in grocery carts. Their parents have to keep a close eye on them to protect them from dangerous falls. With practice, babies add squatting and stooping to their standing skills. They use these maneuvers to pick up objects in both hands. Babies with this fascination in standing may be content at this stage. They may wait a few months before they start to take steps.

Still other babies will move more quickly through the crawling and standing stages. They seem to be in a great hurry to walk. They practice walking around furniture for hours. They love to hold their parents' hands and walk. Suddenly, sometimes by accident, babies will take their first steps alone. It is a grand occasion, and babies sense that they have accomplished something wonderful.

Parents should not be overly concerned about how quickly their children learn to walk. The average age for babies to walk alone is 12 to 14 months, but this varies with each baby. When babies are ready to walk, they usually begin by taking steps from one parent to the other. Their eyes are fixed on their target, and their faces are drawn and intent. They may totter forward on their toes, taking a few steps and then falling into waiting arms. Everyone, including the baby, will squeal with delight. Walking will be an unwieldy task for a long time and will demand the babies' total concentration. At first, babies will extend their arms high as they walk in order to balance themselves. Slowly they will learn to balance themselves from within their bodies, using the muscles of their trunks.

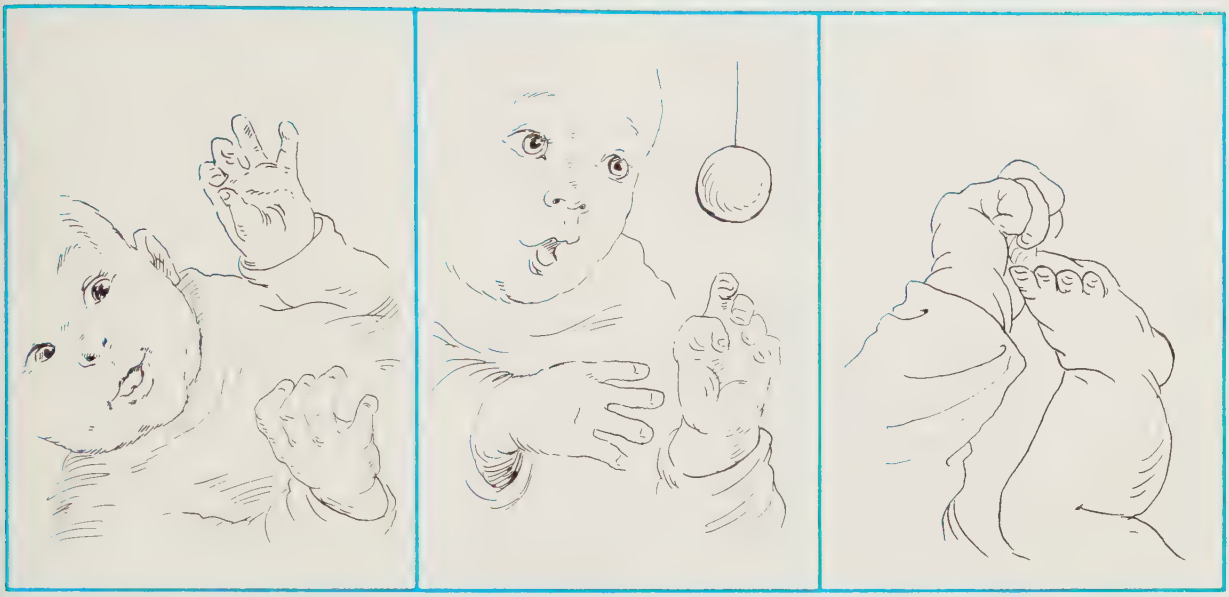
Small muscle development

Babies develop from the center of their bodies outward. Thus, they can control the muscles of their trunks, necks, arms, and legs before they can control the muscles of their hands, feet, and fingers. Small muscle development refers to actions that use the small muscles, such as those of the hands, fingers, feet, and toes. Babies' eye-hand coordination is closely related to their small muscle development. Several highlights in these areas of development which occur during the first year are pictured in 9-5.

Newborns have very little muscular control. Their squirming and stretching movements are the results of reflexes. For the first couple of months, babies keep their hands fisted or just slightly opened. Parents may marvel at a baby's tiny fingers as they curl and grasp an adult's finger, but this action is caused by the grasping reflex. It is not voluntary.

Babies begin exploring their new world with their eyes. They glance at stationary objects and follow moving objects for a brief time. They may suddenly stop all their movements to "stare" at sounds. They try to focus on objects

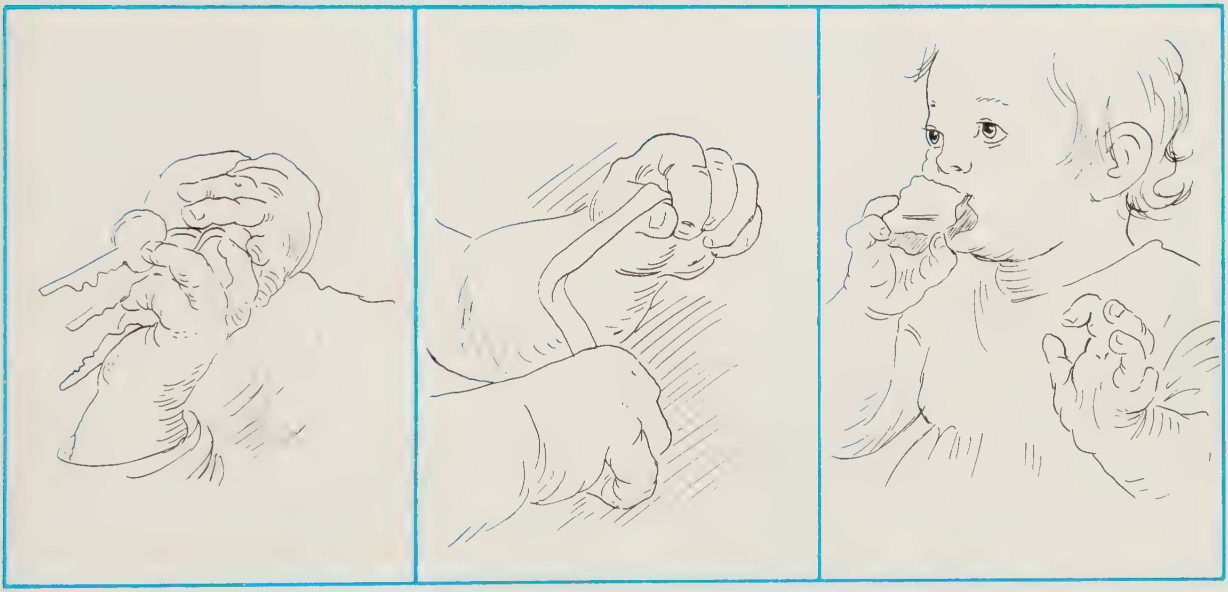
HAND MANIPULATION



1—As babies wave their arms, they begin to notice their hands.

2—As babies practice swiping and grabbing, their aim improves.

3—Babies playfully grab their feet with a crude mitten grasp.



4—Babies enjoy handling and mouthing anything they can grasp between the fingers and palms of their hands.

5—With a pincer grip, babies can pick up a ribbon or string.

6—Improved grasping skills allow babies to feed themselves using their fingers.

9-5 Hand manipulation skills are dependent upon eye-hand coordination and small muscle development.

that are neither too close nor too far away. See 9-6. Gradually, babies develop better control of their eye muscles, and their vision improves.

Since babies at this stage are so interested in looking at things, parents should try to provide them with a variety of things to see. Mobiles that are attractive from the babies' point of view and within their range of sight are good. They do not have to be fancy, but they should be changed often to give babies new objects to see. Babies about two or three months old are fascinated by mirrors. A mirror (not of glass) placed over a baby's head, about 7 inches (18 cm) from the eyes, will draw the baby's attention. Since the image continually changes, it will capture the baby's interest for several weeks. Another way to encourage babies' interest in looking is to give them a change of scenery. Parents can carry their babies from place to place within the home as they go about their daily work.

During the third month, reflexes fade, and babies begin to practice voluntary body control. This is the time to move mobiles and mirrors out of their reach and replace them with a sturdier cradle gym. With their hands open, babies may try to reach or "swipe" at objects on the cradle gym, but they may be far off target. They notice their hands at about this time and may spend much time tracking their hand movements. This is a fun stage for parents to observe because babies are so enthusiastic about controlling and watching their own movements.

Babies continue trying to gain better control of their hands. They practice grabbing and swiping at objects, gradually improving their aim. They tug and pull at their clothes. They discover their feet and grab them with a *mitten grasp,* with the palm and fingers opposing the thumb. Babies also learn to touch their mouths with their fingers, and this triggers a whole new way of exploring and learning. All objects that they can grasp, as well as their own fingers and hands, end up in their mouths.

As their grasp becomes more refined, babies enjoy handling different objects. They can begin lifting pieces of food from their feeding trays to their mouths. If parents have introduced drinking from a cup, some babies will try to grab and hold on to the cup.

Mastering the skill of grasping an object between a thumb and fingers is a great achievement. Next, babies learn to transfer an object from one hand to the other. Before long, they will be able to hold an object in each hand. And soon after that, they will learn to bang the two objects together to make all kinds of exciting noises. With all this practice in grasping and holding, babies also learn to drop things. They seem intrigued by this new ability and may pick up and drop objects at will just to practice. Babies' dropping games may be frustrating for parents, but they help babies develop important skills.

Most babies use both hands equally well throughout the first year. They love to play with a variety of objects and will finger, rattle, mouth, and bang anything they can reach. They also learn that hands can do more than grasp. They learn to stroke, pat, and feel different textures. Experimentation with their hands is so exciting for babies at about seven months that they usually have some object in one or both hands. If they are crawling, they often carry a toy around with them.

With practice, babies refine their grasp to the point where they can pick up objects with just their thumb and index finger in a *pincer grip.* At this point, they will enjoy playing with any kind of container. Putting large beads in a jar or taking spools out of a box fascinates them. They may also try to empty drawers and cupboards if they can reach them. Therefore, this is a time for parents to keep a close eye on babies and to make sure potentially harmful objects are removed from their reach.

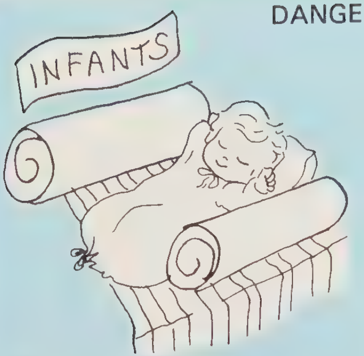
By the ninth month, babies have discovered that their index fingers are useful for leading and pointing. They also use these fingers to poke into holes and even into parents' faces.

Another stage of development is reached when babies begin to differentiate the use of their hands, holding with one while maneuvering with the other. They also learn to release grasped objects instead of just dropping them.

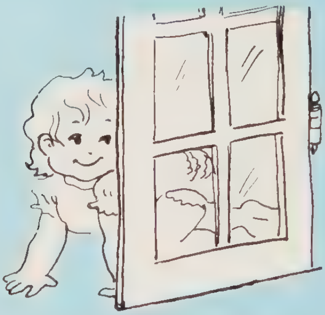
Near the end of the first year, babies become more independent in their movements. They can be fun companions, but their parents need lots of patience. With improved control of hands and fingers, babies can take covers off containers, so nothing is safe unless locked or placed totally out of reach. Babies like to stand and walk with bare feet, so they may teach themselves to take off their shoes and socks. When parents want to put the shoes back on, babies can flex their toes, making the task almost impossible. At mealtimes, babies will grab their spoons and cups, making a mess. Babies think food is not only to be eaten but also to be felt with their hands and smeared on their faces. By their first birthday, babies are trying, but delightful. Parents can make sure this first year is safe as well as enjoyable by recognizing dangers and following good safety practices, 9-7.

9-6 For the first two months, babies' body and hand movements are controlled by reflexes, but they explore with their eyes.

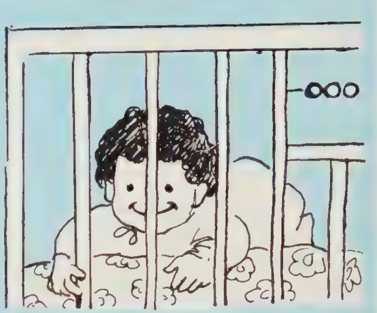
DANGERS AND SAFEGUARDS DURING INFANCY



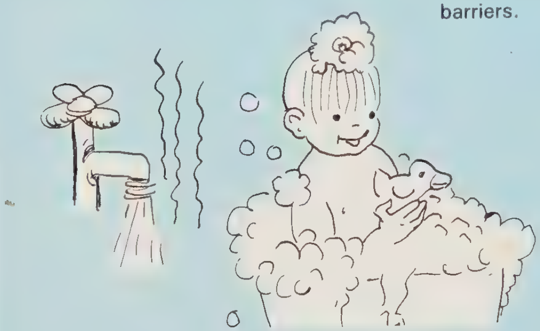
Babies can move by kicking their feet and pushing their bodies, so they may fall off a flat surface. When babies are laid on a bed, barriers should be placed around them to prevent them from falling, and their position should be checked often.



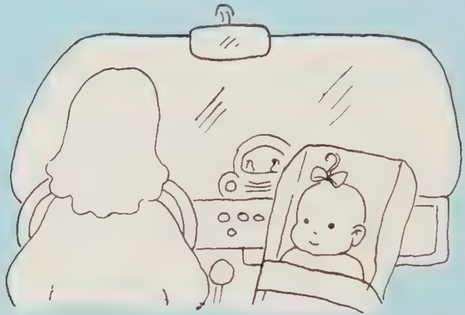
Babies discover open doors and will travel where there might be danger. They also like to close doors and may close them on their fingers. All doors should be closed or doorways blocked with secure barriers.



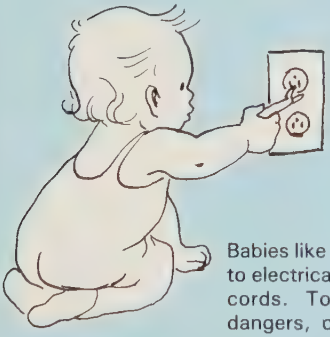
Slats in cribs and playpens should be no more than 2 3/8 inches (6 cm) apart so a baby's head cannot be caught between the slats. And if there is more than a two-finger space between the mattress and the side of the crib, the mattress is too small. An infant could suffocate by wedging his or her head in this gap.



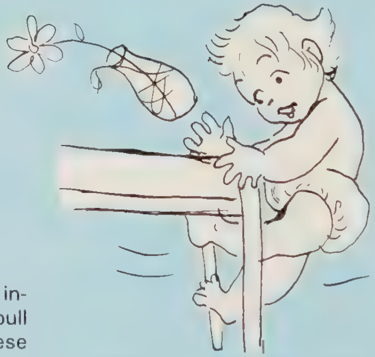
Babies should never be left alone in a bathtub. They can drown in only a small amount of water. They can also scald themselves by turning on the hot water. In fact, parents may want to wrap a washcloth around a hot faucet to prevent babies from burning their waving hands.



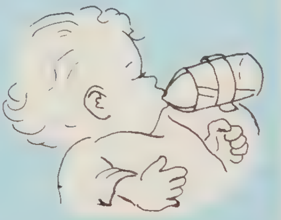
When traveling in a car, babies should be securely fastened in a car restraint that has been approved by consumer protection groups. Infant carriers are designed so babies face the back of the car.



Babies like to poke things into electrical sockets and pull cords. To prevent these dangers, covers should be placed over unused sockets. Lamps and appliances that are not used should be put away. The cords of lamps and appliances that are used need to be made inaccessible to a baby's reach.



Babies like to pull themselves up on any available furniture. Tables and chairs that are not stable should be removed while babies are in this stage.



Bottles, propped in bottle holders, should not be offered to small babies. Milk may flow too fast and cause choking or digestive problems. Instead, small babies should be held so the milk flow can be controlled.

9-7 Safety must be a constant concern of parents.

Introducing solid foods and weaning

For the first three to four months, most doctors believe that mother's milk or formula provides babies with adequate nutrients. They believe it is of no benefit to start babies on solid foods before this time and suggest a sequence like the one shown in chart 9-8. Parents should note, however, that situations differ, and their own doctor's recommendations should be followed.

When babies are ready for solid foods, a small amount of baby cereal may be mixed with milk or formula. It should be mixed to a smooth and creamy consistency, free of lumps. When parents first introduce cereal to babies, the babies don't know what to do with it. They are used to liquid foods, and they don't know how to swallow at will. To help their babies learn how to eat solid foods, parents should start with a small amount of food in a small spoon with a long handle. The spoon should be inserted between the lips, so babies can suck the food from the spoon. Food put on the front of the tongue will dribble out because babies won't know how to get it back in the mouth to taste or swallow. Food pushed to the back of the mouth may gag them.

Babies may be fed a variety of foods, gradually advancing from cereals to fruits to vegetables to egg yolks and meats. Parents may buy commercial baby foods or make their own. Because babies can't chew well and their digestive systems are delicate, their foods must be soft and rather bland.

When babies first start eating solid foods, their nutritional needs are still being met by milk or formula. Thus, parents shouldn't worry about how much food is actually eaten. The goals at this stage are for the baby to learn how to swallow at will and to enjoy mealtime.

Babies need several weeks to get used to this new way of being fed. Then they will want to start feeding themselves. They may be a little awkward at first. But if they are given the chance, they usually do a good job of getting enough food into their tummies. The jobs of the parents are to make sure the food is nutritious and to clean up the mess afterward. Parents might as well accept the fact that mealtimes at this stage will be messy. An older baby who deliberately throws food should be stopped, but dropped food and spills must be considered normal. Parents can cope with this stage by putting newspapers or sheets of plastic on their floors and large bibs on their babies. Another tip for parents is that babies, like adults, have food likes and dislikes. Their tastes will change, however, so a food that is rejected

INTRODUCTION OF SOLID FOODS

APPROXIMATE TIMING	FOODS TO BE INTRODUCED, ONE AT A TIME*
at age 3 to 4 months	Baby cereal mixed with milk or formula.
2 weeks later	Strained or pureed fruits, such as applesauce, pears, peaches, and bananas.
2 weeks later	Strained or pureed vegetables, such as carrots, squash, green beans, and peas.
2 weeks later	Egg yolk mixed with cereal.
2 weeks later	Strained beef or lamb and soft scrambled egg.
4 weeks later	Finger foods, such as crackers, toast, and cheese.
8 weeks later	Table foods, such as ground meat, chopped foods, and cooked vegetables.

*Introduce solid foods in very small amounts, one at a time. For instance, when introducing strained fruits, start with just 1 or 2 teaspoons (5 to 10 mL) of one fruit. Wait a few days before introducing another fruit. Then, if the baby is sensitive to a food, the problem food can be identified and avoided for a few weeks.

9-8 Most doctors recommend a sequence like this one for the introduction of solid foods.

one time may be introduced again a month or so later.

Weaning is the phasing out of taking milk from a breast or bottle. Weaning should be a gradual process, like the introduction of solid foods. Mothers may breast-feed their babies as long as their schedules permit and as long as the process is satisfying for both themselves and their babies. Some mothers nurse their babies for more than a year, while others wean their babies from breast to bottle within the first months. Babies usually begin tapering off breast or bottle feedings shortly after solid food is introduced. Weaning is complete when drinking out of a cup becomes more satisfying for them. Most babies will be off the breast or bottle within 13 to 15 months.

Some parents may continue to give their baby a bottle when they put the baby to bed at night. This is generally not a good idea since a baby may grow accustomed to using food for emotional security. Another reason for avoiding this practice is related to dental hygiene. Dentists warn that decay may be hastened if babies fall asleep with bottles in their mouths.

Teething

Babies react differently to the process of teething. One baby will chew, fret, and drool before each tooth comes through. Another baby will produce new teeth without any fuss at all. In any case, teething does not cause serious health problems. If a baby has a high fever or a severe digestive problem, parents should not assume the problem is caused by teething. Instead, they should consult a doctor.

To ease minor teething discomfort, parents can massage the baby's gums. Or they can let the baby chew on a cold teething ring or a boiled-clean cloth that won't shred.

Like other aspects of development, teething follows a predictable pattern, but the timing varies. The first two teeth to appear are the lower front teeth. They may appear anytime between the ages of five and nine months. Two years later, most children will have a full set of baby teeth.

The crowns of all baby teeth are formed in the gums before the baby is born. This is why the mother's diet during pregnancy is so important. The baby's permanent teeth start forming a few months after birth, so calcium, phosphorus, vitamin D, and fluoride are important nutrients.

INTELLECTUAL DEVELOPMENT

Advances in physical development may be easier to see, but advances in intellectual development are just as amazing during the first year of life. In fact, as parents watch their babies, they will sense that in many ways the babies' minds are actually ahead of their physical abilities. For instance, their desire to reach out and grasp an object is far ahead of their ability to do so.

Intellectual development refers to the development of abilities in perception, attention, association, and other aspects of the mind at work. During infancy and early childhood, intellectual development advances rapidly. Psychologists estimate that 50 percent of mature intelligence has developed by the age of four.

Intellectual development advances in an orderly way, as outlined in the charts at the end of the chapter. The charts suggest a sequence of development stages; they are not definite timetables. Parents may find them useful in identifying and understanding a baby's current stage of development and anticipating future stages.

Physical and intellectual development are closely related. Newborns learn about the world through the use of all five senses: seeing, hearing, feeling, smelling, and tasting. From birth, babies make efforts to learn about the world around them. During their brief periods of being alert, they use all their senses. They look at objects, particularly patterned objects and human faces. They listen to sounds and voices. In fact, they will even stop sucking during a feeding to look or listen. Babies cry when they need assistance, and they become quiet and calm when they feel the security of being held.

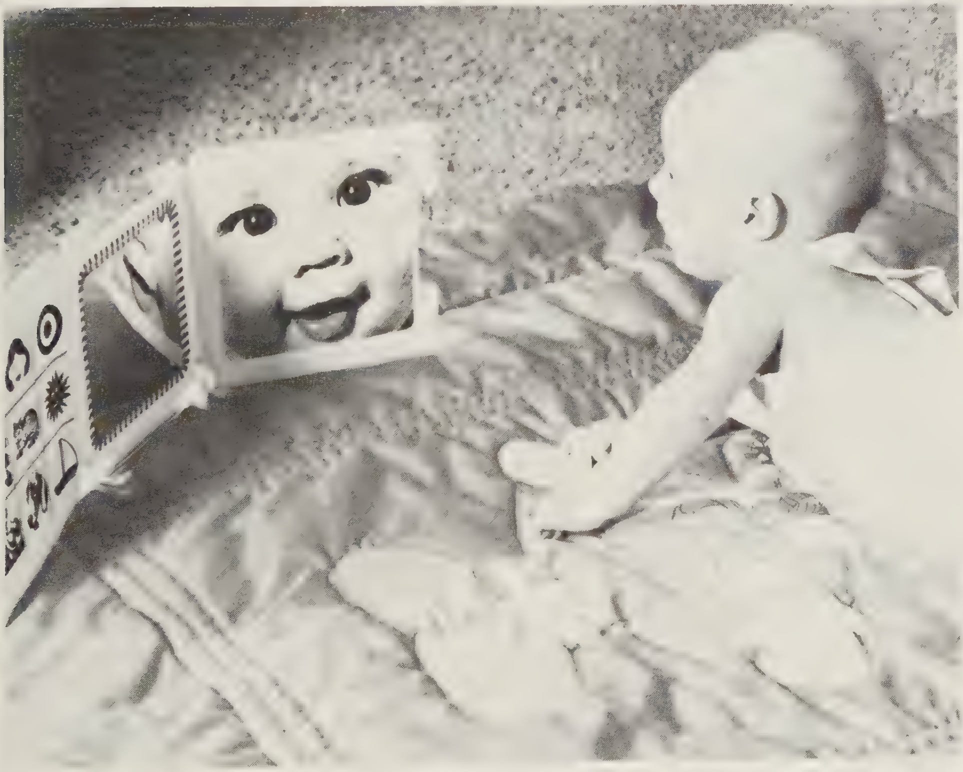
Gradually, babies' vision improves. They can focus more clearly and may stare at objects.

Their ability to follow moving objects with their eyes improves. Their preference of people to objects becomes more obvious. They become quiet when they see a face or hear a voice. They begin to understand that a person's voice comes from where the person is. Babies learn to discriminate among people and to associate certain behaviors with certain people. They may, for instance, associate their mothers with feeding and their fathers with play.

During the third month, parents are able to sense new skills in their babies. Babies begin to show memory as they wait for an anticipated reward such as feeding. They can even remember a sequence of steps leading to a reward. For instance, they may recognize a series of actions parents do in preparation for feeding times. If these actions are done in the expected sequence, babies will wait, realizing that they will soon be fed. If the sequence of actions is interrupted, they will become upset and cry. Babies like routines and predictability. This helps them learn what to expect from their environment.

Their developing memories help babies learn to recognize family members and familiar objects and sounds. Their memories also enable them to become bored with the same visual images. They like a change of scenery. They like to see different objects. Their vision has improved so they can see more clearly and farther away. They watch faces and moving objects intently, 9-9. They study different colors, shapes, and patterns. They become so skillful in seeing that they can look and suck at the same time. This is the first stage at which babies can perform two controlled actions at once.

At about this same time, babies become aware of themselves. They play with their hands and feet, studying how they look and how they move. Babies begin swiping at objects with their hands. As they practice this skill, they learn about distance and depth perception. They also begin to learn about the principle of cause and



9-9 This baby likes to look at the changing images she sees in the mirror. The picture of a baby's face to the right and the simple shapes to the left also capture her interest.

effect. They learn that swiping at an object will make the object move.

As babies develop further, their responsive periods lengthen. They use this time to learn more about themselves and their surroundings. As they play with toys, they become more aware of differences in shapes, sizes, and textures. Babies also learn to repeat acts that they enjoy, such as shaking a rattle to make noise. Babies at this stage are able to discriminate among faces, so they may resent strangers. They become more aware of strange or new situations and may need to be comforted by familiar people and objects.

Babies continue learning more about themselves. They learn to recognize and respond to their own names. They smile at themselves in mirrors. They put both fingers and toys in their mouths, comparing the differences and learning to differentiate themselves from the rest of the world.

At this stage, babies become more interested in language. They watch the movements of adults' mouths, jaws, and faces as they talk. Then babies try to mimic the sounds.

At about this same time, babies can anticipate a whole object by seeing only part of it. Thus, a simple hide-and-seek game is fun for both babies and their parents. Peek-a-boo is another game that babies may be able to play at this stage. Parents first hide their faces with their hands and then remove them. Babies soon learn to cover their own faces. Gradually a light cover may be thrown over their faces, and the babies will pull the covers off with much enthusiasm. See 9-10. The peek-a-boo game is possible now because the babies have memories of people they love. They can retain those memories and feel secure in the few seconds it takes to reveal the faces again.

By about six months, babies stay alert for as long as two hours at a time. They sit with support and turn their heads in all directions, searching for new things to see. They grab any objects within reach and study them intently. They turn the objects in their hands so they can study all sides of the objects. Meanwhile, they are learning more about the relationship between their hands and the objects they are handling. Babies this age also discover they can look over the edge of their chairs at objects they have dropped to the floor, 9-11. They enjoy playing the "pick up the things I drop" game, and parents spend much time retrieving the objects. Through this game, babies learn more about distance and spatial relationships. They also learn that objects don't disappear when they are dropped; they simply fall to the floor.

Learning and playing go hand in hand for babies whether by themselves or with their parents. But their most valuable and fun play times are usually those that are shared. Parents can make the most of play times by being observant, patient, and creative.

Observant parents will pick up clues from their baby. They will sense when their baby wants active, tumbling play and when he or she wants quiet, cuddling play. This will vary according to the baby's mood that day and according to the baby's overall temperament. Each baby is a unique individual, so what is right for one may be wrong for another. By observing their babies' reactions, parents will know how much stimulation is needed. Babies need enough stimulation to be interested and attentive. But too much stimulation will overwhelm them and make them withdraw.

Patient parents slow down their actions to match their babies' timing. When they smile at their babies, they wait several seconds, giving their babies time to smile in response. When they offer a toy to their babies who are learning to reach and grasp, they wait. They give the babies time to succeed in this new, difficult task of reaching out to grasp a toy. When babies crawl after them, parents walk slowly so the babies are not left behind feeling frustrated.

Creative parents will help their babies learn through exploration. They provide a variety of sights, sounds, smells, textures, and tastes. Their babies learn the sights, sounds, and smells of the outdoors as well as those inside the home. Babies feel the difference between soft sponges and hard building blocks. They learn that spools and balls roll, that containers may be big or small, and that pots and pans make noises. The time and effort parents put into play times are well rewarded by the delighted reactions of their babies.

Once babies learn to crawl, they are ready to explore. They need plenty of room for movement. This is the time for parents to make sure their homes are baby-proof. Babies explore in other ways, too. They study the details of objects. They look at, handle, smell, and taste foods as they feed themselves. They investigate every part of their bodies. They also become more aware of dimensions. When standing, they are aware of the dangers of falling. When playing with blocks, they can sort them according to size.

At about seven months, babies begin to make simple associations. When they hear the refrigerator door being opened, they expect to be fed. When they hear the front door being opened, they expect to see a family member enter the room. When looking through books with parents or siblings, they associate the words they hear with the pictures they see. They also begin to show an interest in the relationship between objects. For instance, if they pick up a spoon, they may push it around on a plate. They may even bring the spoon to their lips, although they won't really be able to feed themselves with a spoon for a few more months.

As babies make further advances in intellectual development, they learn to solve simple problems. They will pull a string to bring a toy closer to them. They will shake a bell to make it ring. Through trial and error, they learn that they can make more noise by banging a toy on

9-10 The peek-a-boo game is fun for babies and parents. It also signals the intellectual ability to retain the memory of a loved one for the few seconds it takes to reveal the face again.

9-11 The "pick up the things I drop" game is a favorite for babies. They delight in practicing their dropping skills and watching objects fall to the floor.

a coffee table than on a soft chair. Their improved memory reminds them to avoid the wobbly stools and rocking chairs that failed them before when they tried to pull themselves up. As babies empty and fill containers, toy boxes, and drawers, they are learning the concepts of in, out, one, more than one, and "all gone."

Babies at this stage recognize similarities between their own actions and the actions of other people. When parents or siblings imitate the babies' actions, they watch with fascination. When they are alone, babies may practice imitating the actions of others. Babies also are alert to differences or changes, particularly in their near environments. If a living room chair has been moved or a new decoration has been placed on an end table, a baby will spot the change immediately. A coffee mug left on a low table will be investigated before a parent has a chance to retrieve it. And if the mug is dropped, the baby may blink his or her eyes in anticipation of the crash, even before the mug hits the floor. This is because babies this age are developing a sense of timing as well as an understanding of cause and effect.

Gradually, babies develop a better sense of dimensions and spatial relationships. They reach for a big beach ball with both hands. They reach for a crayon with just a thumb and finger. Their new understanding of distance is accompanied by new fears. They may gaze fearfully at places where they used to climb with ease.

By about ten months, most babies have a reliable memory for what is out of sight as well as an understanding of depth and distance. At this point, they can learn the important concept of *object permanence*. They learn that unseen objects have not necessarily disappeared. They will remove an obstacle (such as a blanket) to reach for a toy they can partially see—or even a toy they can't see at all. They can find a toy that a parent has hidden—if they saw the parent hide the toy within the past few minutes. They deliberately hide and then find objects. (Siblings' toys are favorite objects for this game.) With their new understanding, they can also anticipate the return of a person or object that leaves. When they roll a ball to a parent, they are no longer afraid that it will disappear.

As their understanding of object permanence develops over the next couple of months, they will become more skillful. They will be able to reach behind their backs for a toy without looking at it. They will also learn to search for hidden objects even if they have not seen the objects being hidden. If they remember where they last saw the objects, they will go there to look for them.

As babies approach their first birthday, their individuality becomes more apparent. Their styles of learning differ as do their interests and abilities. Some babies insist on feeding themselves finger foods, while others still want to be fed baby foods. Some will be learning to stand, while others are walking with confidence. The range of "normal" behavior is quite broad, and parents should try to resist comparing their baby's achievements with those of other babies in the neighborhood.

Some babies are able to identify parts of the body. When asked, "Where is your nose?" they point to it with a big smile. They love to show off for their parents, winning their attention and approval. This game also helps babies recognize similarities among people. They discover that everyone has eyes, ears, and a nose.

Babies gradually learn to make many other kinds of associations. When they hear the drone of an airplane outside, they learn to point to the sky. Later when a parent asks, "Where is the airplane?" they will point to the sky even though there is no sound. Parents can encourage these lessons of association by allowing their babies to watch or participate in their everyday activities. Babies soon learn that sponges are used with water, spoons are for stirring, ovens are hot, and refrigerators are cold. Babies at this age like being included in their parents' activities. They are veritable shadows of their parents, constantly following them from room to room. It is helpful if parents have appropriate and safe toys in a variety of places throughout the home, for babies will want to be where their parents are at the moment.

As they become more observant, babies

become better imitators. This skill also depends on a longer memory span since they have to be able to remember the behavior they see in order to imitate it. Imitation is an important method of learning, but babies don't want to be pushed. They resist the "teaching" efforts of their siblings and parents. They would rather just watch. Later when they feel ready, and most often when they are alone, they will imitate the behavior they have watched. Babies seem to be especially interested in imitating the actions of other babies. They also enjoy imitating their siblings and parents. They may try to feed their parents, just as parents have fed them. They may dab a washcloth on their parents' faces as the parents are giving them their baths. Given some props, they will try to dust, sweep, wipe, stir, and do other household tasks right along with their parents. Many babies are learning to talk at about this time, and imitation helps them. They imitate the speech rhythms, inflections, and facial expressions of their parents as they try to make similar speech sounds.

Babies nearing the age of one learn the impact of the word "no." They may spend a lot of time shaking their heads and saying "no" to everything—even when they mean "yes." They may try new tricks that get them into trouble, such as turning on the TV or radio, 9-12. They learn that a loud blast of sound will bring a parent running. Often they give themselves away by looking at their parents with a guilty expression before they start on some escapade which they know is a "no-no." When parents are tested, they should resist rewarding the "bad" behavior by overreacting. A better solution at this stage is to try to interest the babies in something else. Another good idea is to try to avoid having to say "no" too often. Babies need to explore in order to learn about their world. If the home is as baby-proof as possible, parents won't have to say "no" too often. When a sharp "no" is reserved for special times, such as when safety is threatened, babies don't seem to mind as much.

Through trial and error, babies at this stage may discover ways to solve their own problems. Parents can almost see their little minds working as they try to turn lids to open a container or to push chairs to use for climbing. They work and work until they get nesting toys to fit together right. Then they start all over again, feeling good about their achievements and seeking their parents' approval. By now, many babies show a preference for one hand, most often the right hand. They will pick up a toy with the right hand, transfer it to the left, and reach for another with the right. If they want a third toy, they may hesitate for a while before coming up with a solution. Then they will rest the second toy in the crook of the left arm and reach for the third toy with the right hand. These problem-solving skills are signs of advancing intellectual development.

9-12 Babies may try a few new tricks that get them into trouble, such as pushing a button to get a loud blast of sound that will bring a parent running.

Language development

Babies need a few years to learn a specific language like English, but they can communicate from birth. At first, they express their needs by crying. They can be comforted by human voices and by music. They make sounds right away, too, but usually these early sounds are natural reactions to physical comfort or discomfort.

The first deliberate sounds are made by babies at about three months. They begin cooing one syllable vowel-like sounds, such as ooh, ah, aw. Soon they practice the art of talking. When they hear a voice, they respond by smiling and making sounds. Then they pause, waiting for the other person to speak. They listen until the person stops talking, and then they make more sounds. Babies practice this kind of speech even when they are alone. They make sounds, pause, and then make more sounds in a conversational rhythm.

When the first consonant sounds are added (usually p, b, m, and l), the noises sound more like words. Something like "ma" may be heard, but at this point, the sound is not meant as a name. Babbling becomes a favorite activity. Babies will babble or talk a lot to themselves and even more if their parents will talk with them. To babies, talking is a pleasant experience. Generally, babies babble when they are happy. When they are upset, they are more likely to cry, wail, whimper, or fuss rather than babble. To reinforce the idea that conversation is a pleasant social exchange, parents can try to respond immediately and pleasantly to their babies' sounds. The conversations are most meaningful for the babies when their parents talk directly to them, making eye contact.

At about five months, babies show an intense interest in watching the mouths of their parents as if they are studying the mechanics of talking. They can recognize people by their voices, and they understand their own names.

Gradually, babies add more consonants to their vocabularies, such as f, v, th, s, sh, z, d. Then they learn to say two-syllable words by repeating their one-syllable words. They are excited about their new words and may make each one sound like an exclamation: Shasha! Booboo! They will eventually say something like Mama and Dada, to the delight of their parents. In another month or two, they will understand the meaning of those words and use them as names.

This is the stage when babies become great imitators of behaviors and sounds. They imitate coughs, tongue clicks, and kisses. They imitate tones of speech and inflections. They "sing" along with songs sung by a parent or played on the radio or TV.

The next step for babies is to put together a long series of syllables: ba-ba-ba-ba. Before long, they will learn to put different syllables together: ba-la-shoo-dee-sa. This "jargoning" becomes so fluid that it sounds like a foreign language. With different inflections, babies seem to be asking questions, stating facts, making exclamations, and telling funny stories.

As early as the ninth month, babies learn the meaning of a few specific words such as "no." They show their understanding by responding appropriately. Soon they learn to say a few words and add appropriate gestures. They shake their heads when they say "no." They wave their hands when they say "bye-bye." They may repeat a word endlessly when they first learn it, making it a response to every question. Babies may try to imitate any sounds they hear, so parents will want to watch what they say. Swearwords can be repeated just as easily as cute words like "bow-wow" and "baby."

Near the end of the first year, babies realize that particular sounds or words refer to particular people or objects. Parents can help them learn the meaning of words by using labeling words. Compare these two groups of sentences. Group one: "Where did it go? Here it is. Let's get you dressed." Group two: "Where did the ball go? Here is the ball. Here are Jimmy's socks. Let's put the socks on Jimmy's feet." The sentences in group one are not specific. They have less teaching value for babies than the sentences in group two. The sentences in group two contain labeling words. They help babies learn to associate words with objects and to recognize their own names. Spoken with expression and accompanied with gestures, these sentences help babies learn about language.

EMOTIONAL AND SOCIAL DEVELOPMENT

Emotional development is the refinement of emotions and mental states that influence behavior. Social development is the process of learning to relate to other people. These two areas of development are closely related. Together, they influence a person's entire scope of feelings, behaviors, and relationships. Joy, sadness, fear, humor, confidence, pride, trust, friendship, and love are all part of emotional and social development. Many parents think the most enjoyable growth during their babies' first year of life is in their emotional and social development. The disorganized stares of passive newborns change to the proud smiles of active toddlers.

Newborns show their individualism from birth. Each is unique in terms of appearance, activity level, reactions, and preferences. Newborns interact with other people by listening to their voices and trying to focus on their faces. They are especially sensitive to touch and will stop crying when they are held. See 9-13.

Within weeks, infants improve their interactions. They become quiet when they see faces and try to make eye contact. They may smile at either a face or a voice. Before long, the interactions between babies and their parents involve both give and take. When babies are in distress, they cry. Parents respond to their needs, and babies are soothed. When content, babies look at parents alertly and directly. Their stares and smiles intrigue parents who respond by giving them more time and attention. Babies like the attention and show their delight and excitement by putting on performances. They gradually work up to a big smile while cycling their legs with enthusiasm.

Babies at three months are more responsive. They smile spontaneously when someone plays with them. They communicate with different sounds and facial expressions. When pleased, they smile with their whole face and chortle with delight. When uncertain, they look puzzled and make questioning sounds. By this time, most babies have learned how to start social interactions with their parents. First, they look around the room to see if parents are nearby. Then they make cooing sounds to capture the parents' attention. Next they fuss until the parents come. Finally they arch their backs and reach out their arms to be held. Even without words, their message is clear.

Parents need not worry about spoiling their babies by answering their calls for attention. Social contact is as much a need at this stage as food and sleep are. When babies' needs are met reasonably, they seldom feel stress and frustration. Since they don't have to deal with stress very often, they are better able to handle it. Eventually, this will help them become more independent and self-sufficient. At first,

9-13 From the moment of birth, human contact is an important factor in healthy emotional development.

this parenting concept may be confusing. Parents may think they should let their babies "cry it out" or "work it out by themselves" or "learn to be less selfish and less demanding." But babies this age don't have wants. They only have needs. They need social contacts to help them grow and develop. They need help since they are not capable of using logic or reason to solve their own problems. They need attention and really don't mean to be selfish or demanding. They simply are not capable of considering someone else's point of view. Parents who fulfill their babies' needs as well as they can are not spoiling their babies. Rather, they are helping their babies develop a sense a trust, well-being, and confidence that will lead to independence.

Sometime during the fourth month, both parents and babies find new pleasures in their social interactions. By now parents feel more at ease and organized in the new family routines. Most babies will have given up their night feeding, so parents can enjoy a full night of sleep. If there are brothers and sisters in the family, they probably have adjusted by this time, too. They may begin participating more in the care and entertainment of the new family member. Feeding times become social events for everyone involved.

At about this time, babies begin to realize that they are separate individuals and that their parents are separate from them. They may smile at their mirror image and discriminate a parent's image from their own, 9-14. This is when new games of interaction, such as peek-a-boo, may be possible. But this new stage is not all fun. With their new awareness of the differences among people, babies can now tell which people are not their parents. The result is that they become more sensitive to strangers. Babies who used to smile at their parents' friends may now turn away from them, fussing and crying.

Another sign that babies are becoming more aware of people and objects other than themselves is that they may start forming an attachment to one special toy. This attachment is an important step in self-development. Only when babies feel loved and secure can they extend their interests beyond themselves. When they reach out to their special toy or "lovey," they are taking their first steps away from dependence on their parents and thus their first steps toward independence.

As babies grow, they become even more social. Their babbling becomes more varied and expressive as they try to "talk" to adults. This delights parents, and babies seem to sense they have hit upon new social skills. It is important for parents to respond to their babies' attempts at communication. Babies need to learn that they can expect people to respond to them. When they can trust people to answer their calls, they tend to be more flexible. On the other hand, babies whose babbling, calls, and cries go unanswered become anxious and more demanding. They cannot build trust in their environment.

Babies' favorite games at about six months are those that involve other people. Babies like to make funny faces for an audience, especially at mealtimes. They initiate games of peek-a-boo, come and chase me, and pick up the things I drop. Through these games, babies learn many important concepts. They learn that they are separate from other people and objects. They learn that they can control people and objects by their actions. They learn to set a goal (to play a game) and then do what is necessary to reach that goal. These games also help babies and their siblings build good relationships.

Babies soon start showing a sense of humor. They may giggle during a game with their siblings. They may repeat an action that caused their parents to laugh and then laugh along with their parents.

Sometime during the middle to late months of the first year, babies learn to keep themselves awake. Before this time, babies fall alseep when they need to sleep. Only severe hunger or illness can keep them awake. But as they become more active and more social, they may have trouble settling down to sleep. They may refuse a morning nap and have just one afternoon nap. They may also protest bedtime. This is an issue for parents to handle firmly since babies need lots of sleep. Parents can make bedtimes less traumatic by helping babies calm down from the day's activities. Reading to babies or cuddling them in a quiet room may help them make the transition from daytime activity to nighttime sleep. Some babies like bedtime rituals to be performed the same way every night. A ritual may include singing a special lullaby, putting the baby and his or her "lovey" in the crib, kissing the "lovey" once and the baby twice, and turning out the light.

Bedtime rituals don't always work. Once in their cribs, babies may play calling games as long as their parents keep coming to check on them. Parents need to be kind but firm. After responding once to reassure the babies that they are nearby, parents should let babies know that this is not a fun game. Placing babies on their tummies and speaking firmly will help make the message clear. If babies continue to cry, parents should listen and try to interpret the cries. They will need to ignore fussing cries so babies learn that bedtime means sleep. If the cries are different and babies need help, parents will need to respond promptly.

Toward the end of the first year, babies grow even more emotionally attached to their parents. Their fear of strangers also increases. As they become more mobile and more aware of their surroundings, they may develop other fears, too. They may be afraid to climb down from chairs where they used to enjoy playing. They may be frightened by loud noises such as the sound of the vacuum cleaner. Parents can increase their babies' feelings of emotional security by reassuring them, "It won't hurt you." When the vacuum cleaner is unplugged, parents can touch and examine it with their babies to help them overcome their fear. Some babies also suddenly become frightened of the

9-14 Babies like to experiment with their mirror images. This play helps them realize that they are separate individuals.

slippery bathtub, although up to this time they may have enjoyed splashing in the big tub. Parents may try bathing their babies in another area for a short time while babies regain their confidence. Appropriate comfort and reinforcement are very important at this stage. Parents who alertly pick up cues from their babies will know best how to respond and help their babies develop. When babies are startled, a hug and squeeze may be all they need. If babies are given this reassurance, they may even turn some antics into a game. Babies who suddenly sprawl flat on their noses may repeat the act if they find they get a laugh from their parents.

By about the tenth month, babies' emotional responses are quite specific. Instead of just crying, babies show anger when they are frustrated. They can look hurt, sad, or uncomfortable. More often, they look happy, and their squeals of laughter can be a delight for their entire families. Babies also show the beginning of symbolic thought by showing tenderness to a stuffed animal or doll, 9-15. This behavior is a compliment to parents. Babies must have received loving care in order to know how to give such care to a toy. Babies at this stage grow sensitive to social approval and disapproval, and they try to win the approval of their parents. They love to show off

9-15 Showing tenderness and affection to a favorite doll indicates the beginning of symbolic thought.

their new accomplishments at home because they love the reinforcement of approval. They very often will not do these same tricks away from home.

At about this time, babies learn the intellectual concept of object permanence. They apply the concept to their social activities. Until this time they may have been hesitant to roll a ball to their siblings. Now they can foresee the return of the ball, for they realize the ball still exists even when they roll it away.

Babies use imitation to learn about people—what they do and how they act. They may lay a sock over their toes or try to stick a foot into a shoe for they have seen this done. They may try to push an adult out of a rocking chair so they can try to rock it themselves. Babies know a comb is used on the hair, so they may amuse their parents with their attempts at grooming.

Near the end of the first year, babies experiment with the meaning of "no." They know the difference between being good and being naughty. When they know they have been good, they want a sign of approval. They look at their parents with a proud grin and expect to be praised for their efforts. They also know when they are being naughty, but often they can't stop themselves, 9-16. Parents need to set limits and stick to them. Babies will test their parents, but parents should help babies learn that "no" does mean "no." After enforcing a "no," parents can help prevent further naughty behavior by diverting the babies' attention. Babies are easily distracted and eager to seek

9-16 This baby knows he should not be tearing a magazine, but he can't stop himself because it's so much fun.

approval, so a forbidden adventure may be given up easily in favor of a game of hide-and-seek. Enforcing a "no" without diverting their interest may only challenge them to try the forbidden adventure again.

The social skills of babies improve as their language skills develop. Near the end of the year, they can understand many words and may even say a few words. By this time, most babies are taking their first steps or are getting ready to do so. This inner drive to learn to walk gives parents a glimpse of their inner determination to do something by themselves.

Babies' new walking skills may create emotional tensions. Babies are still closely attached to their parents and fearful of strangers. Yet they enjoy the independence walking gives them. This struggle between dependence and independence will continue for many months. With encouragement, reassurance, and loving care from parents, babies will gradually develop self-identity and independence.

Relationships

The birth of a baby is the beginning of new relationships. Each parent works to establish a loving, caring relationship with the baby. If there are other children in the family, they need to accept the baby as a family member worthy of their love and consideration. At the same time, these older children need reassurance from parents that they will still be loved. Helpful relatives, friends, and neighbors may establish new relationships with family members, offering advice, sympathy, and baby-sitting services.

These various relationships can be great. No family can share too much love, friendship, and support. No baby can receive too much loving care from loving people. Yet in most cases, there is one person who is the *primary caregiver* for the baby. This is the person who spends the most time with the baby. He or she answers the most cries, feeds the most meals, and changes the most diapers. This primary caregiver may be the father, a grandparent, an older sibling, or a baby-sitter, but it is often the mother, 9-17.

Many pediatricians and psychologists believe that a baby benefits from the consistent care given by a primary caregiver. This one person is a constant in the baby's life, and the baby often forms a special attachment to this person. The primary caregiver helps the baby learn to respond to the rest of the world. The baby needs to know that this caregiver can be depended on for love, comfort, help, food, and all other needs.

At about six months, babies begin a "love affair" with their primary caregivers (most often their mothers). For the next several months, babies demand to be held, cuddled, patted, and kissed. They want all of their mother's time and attention. Some mothers feel overwhelmed by their babies' wet kisses and other displays of emotions. But if they accept and return all the affection, their babies will become more capable of giving and accepting all kinds of love throughout their lives.

A father plays an important role in family relationships, even when he is not the primary caregiver. He is needed by his baby, his other children, and his wife. He provides loving support that helps the entire family. He can encourage the closeness of the mother-baby relationship which is so important for the baby. While offering loving care and support, a father can also help relieve the tension that may accompany the close mother-baby relationship. Fathers can draw babies' attention away from mothers at times. This helps the babies become less dependent on their mothers. It also gives mothers relief from the constant devotion of their babies. Later, fathers will benefit from their efforts to encourage close mother-baby relationships. Because babies will have learned to form close, loving relationships, they will be able to form special relationships with their fathers.

Another important relationship that deserves special consideration is the one between husband and wife. Caring for an infant is physically and emotionally tiring. Parents may not feel they have many personal resources left to share with each other. Yet parents need to make the effort to keep their own relationship strong. They need to share their thoughts, concerns, dreams, and doubts. In most families, one or both parents work outside the home. Each parent needs to recognize the value and importance of what the other is doing. They need to keep up with what is happening in each other's daily life. Then they will be able to grow closer together rather than farther apart. A healthy husband-wife relationship is a strong foundation for building a happy family.

Fears

Fear of strangers begins when four-month-old babies become aware of the differences among people. The fear grows throughout the

9-17 A baby who forms a close, loving attachment to his or her primary caregiver may be better able to establish other close relationships in later years.

first year, peaking during the last four months. See 9-18. By this time, babies realize that they are individuals, separate from their parents. At this same time, their crawling skills allow them to be very mobile. They know they can crawl away from their primary caregivers (often their mothers). An even more frightening realization is that their mothers can walk away from them! The attachment to their mothers is so strong and their fear so great that they try to keep their mothers in sight at all times. When they can't see their mothers, they are uneasy or even panic-stricken. This fear is called *separation anxiety.*

This stage of separation anxiety can be frustrating for mothers. Babies turn away from almost all "strangers." They will crawl wherever their mothers go, if at all possible. They interrupt conversations, trying to demand their mothers' full attention. If mothers hold any other baby, their own babies will jealously try to push the other baby away and reclaim their mothers' affection.

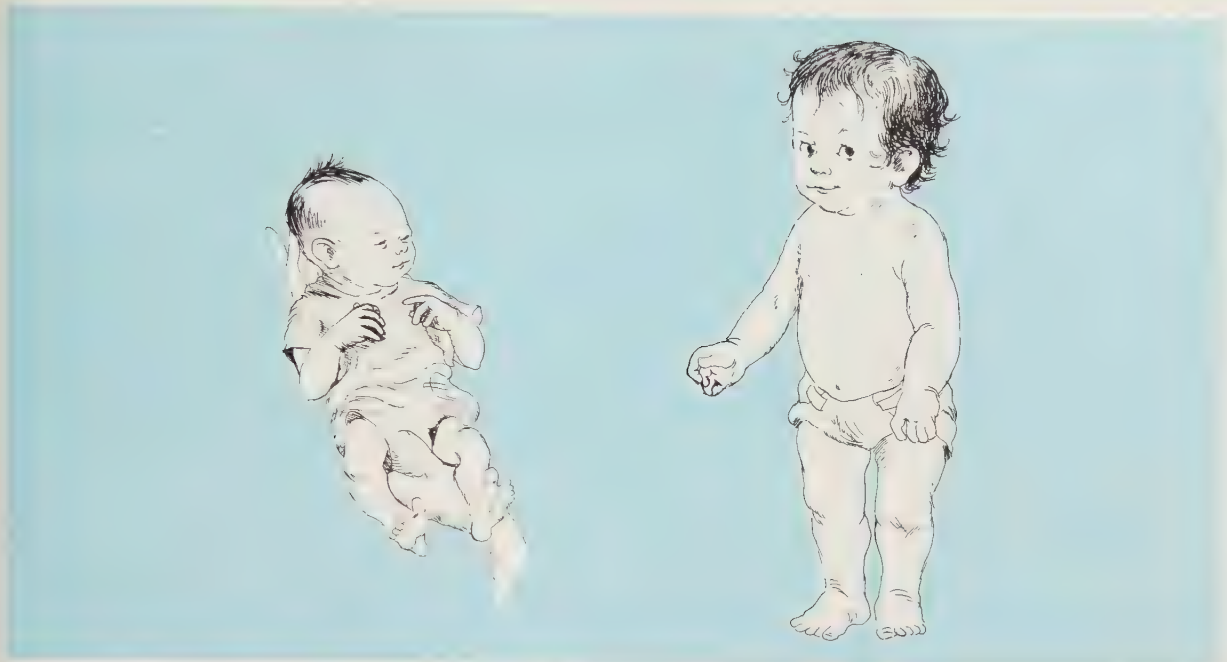
This is not a time for teasing or testing babies. Mothers should not sneak away while babies are busy playing. That would just make babies watch them even more closely. Instead, mothers should take the babies with them or let the babies follow them when possible. If mothers must leave, they should warn the babies with a signal phrase such as, "Bye-bye for now." Then they should announce their return with another signal phrase such as, "I'm here again." If babies see their mothers putting on their coats to leave, babies may start fussing. Rather than scolding, mothers should try cuddling their babies. Gentle reassurance that mothers will return may calm them.

Babies are not being unreasonable from their point of view. Their mothers are the center of their world. If mothers temporarily disappear, babies feel totally lost and helpless. They need the security their mothers represent. If mothers resist their attempts to stay nearby, babies will become more anxious and try even harder to cling. The best way to foster independence later is to let babies cling at this stage.

Since separation from primary caregivers is so difficult for babies, preparations should be made for emergencies. Babies should become used to being cared for by at least one other person. The father or a close relative or neighbor would be a good choice. In an emergency, this person could care for the baby without the baby becoming totally upset.

As a kindness to babies at this stage, parents should try to prepare them for visits to strange places. Babies need time to adjust to a new setting. Upon arrival, parents should cuddle their babies and let them look at the people and surroundings. Relatives may have to be warned not to approach or look at the babies right away. Eye contact with strangers is frightening for babies. Gradually, babies will relax. Their curiosity may overcome their shyness. They will start looking at people and objects. With encouragement and reassurance from parents, they will become more sociable.

9-18 Babies may be very cautious of strangers and eye them with much apprehension during the first year.



During the first 12 months of life, infants grow to one and one-half times their height at birth, and they triple their birth weight. In general, boys are slightly taller and heavier than girls. The approximate change in height is from 20 - 21 inches to 30 - 31 inches (from 50 - 53 cm to 76 - 79 cm). The approximate change in weight is from 7 - 7 1/2 pounds to 21 - 22 pounds (from 3.1 - 3.5 kg to 9.5 - 10 kg).

PHYSICAL DEVELOPMENT*

1 MONTH	**Large Muscle** Does not control arm and leg movements since movements are still reflexive. Needs support for head. Without support, head will flop forward and backward. Lifts head briefly from surface in order to turn head from side to side when lying on tummy. Twitches whole body when crying. **Small Muscle** Keeps hands fisted or slightly open. May hold on to object if placed in open hand, but drops it quickly. Follows moving object with eyes briefly if the object is within the line of vision.
2 MONTHS	**Large Muscle** Can keep head in midposition of body when lying on tummy. Can hold head up for a few minutes. Can turn head when lying on back. Cycles arms and legs smoothly. Movements are still mainly reflexive, but becoming voluntary. **Small Muscle** Grasps objects in reflex movements, but grasps are becoming voluntary. May hold object longer, but drops object after a few moments. Uses improved vision to look at objects more closely and for a longer time.

(continued)

**These charts are not exact timetables for development. Individuals may perform certain activities earlier or later than indicated in the charts.*

3 MONTHS	**Large Muscle** Switches from reflexive to voluntary body movements. Keeps head in midposition so posture is symmetrical when lying on back. Moves arm and leg on one side of body in unison, then moves the other arm and leg in unison. Can move arms together or legs together. Turns head vigorously. Can hold chest up and keep head erect for a few seconds when lying on tummy. Can lift head for several minutes. Can sit briefly, with support. **Small Muscle** Keeps hands open most of the time. The grasp reflex is fading. Begins to control arm and hand movements. Begins to swipe at objects such as a cradle gym and may accidently hit object with fist.
4 MONTHS	**Large Muscle** Can bend to touch feet with hands when lying on back. On tummy, can lift head and chest from surface, using arms for support. Can rock like an airplane on tummy, with arms and legs extended and back arched. On tummy, may roll from side to side. Can maintain a sitting position (with head erect and steady) for several minutes if given proper support. **Small Muscle** Uses hands more skillfully. Begins to use mitten grasp for grabbing objects. Looks from object to hands to object. Swipes at objects, gradually improving aim.
5 MONTHS	**Large Muscle** On back, can lift head and shoulders off surface. Can roll from tummy to back. On tummy, lifts head and chest high off surface. Can rock, twist, roll, and kick to change position on surface while on tummy. When supported under arms, stands and moves body up and down, stamping feet alternately. Helps when being pulled to a sitting position. Can sit supported for 15 to 30 minutes with firm back. In sitting position, keeps head steady and erect. **Small Muscle** Reaches for objects such as the cradle gym with good coordination and aim. Begins to grasp objects with thumb and fingers. Grabs objects with either hand. Transfers objects from one hand to the other, dropping objects often. Can grasp cover to pull it off when face is covered in ''peek-a-boo'' game.

(continued)

6 MONTHS	**Large Muscle** Rolls from back to tummy. Turns and twists in all directions, when on back or tummy. On tummy, moves by pushing with legs and reaching with arms (creeping). Gets up on hands and knees in a crouching position, but then may fall forward. Is able to stand, while supported. In sitting position, sits with slight support and maintains balance. Is able to lean forward or to side while in sitting position. Is able to sit in walker or high chair and use arms to reach for objects. If unsupported in sitting position, may slump forward on hands for balance. May be able to sit unsupported for short periods of time. **Small Muscle** Is able to rotate wrist to turn and manipulate objects. Reaches with one arm and grasps object with hand. Then transfers object to other hand. Then reaches for another object. Holds an object in each hand. Learns to drop objects at will. Begins eating with fingers.
7 MONTHS	**Large Muscle** Crawls awkwardly, combining movements on tummy and knees. When pulled to a standing position, helps by keeping legs straight and supporting own weight. Likes to bounce when in standing position. May try to pull self up to a standing position. Is able to sit alone for several minutes or with slight support for longer periods of time. Can lean over and reach while in sitting position. In walker, is able to push with legs to move in all directions. May be able to move from a lying position to a sitting position. **Small Muscle** Has mastered grasping by using thumb in opposition to fingers. Holds an object in each hand. Brings objects together with banging noises. Keeps objects in hands much of the time. Fingers, manipulates, and rattles objects repeatedly.
8 MONTHS	**Large Muscle** Sits alone, steadily, for longer periods of time. On tummy, pushes up easily to a crawling position. Crawls. May carry objects in one hand or both hands while crawling. Is able to pull self up to a standing position by holding onto crib or furniture. May need help in getting down from standing position. Achieves sitting position by pushing up with arms. **Small Muscle** Learns pincer grip, using just the thumb and forefinger. Is able to pick up small objects and string.

(continued)

9 MONTHS	**Large Muscle** Sits alone. Develops own style of crawling. Can control speed while crawling, going faster or slower. May try to crawl up stairs. May be able to achieve a standing position without holding on to furniture. Is able to move from a standing position to a sitting position. May be able to move along furniture, touching it for support ("cruising"). **Small Muscle** Uses index finger to point, to lead, and to poke. May be able to build a tower of two blocks. Waves "bye-bye."
10 MONTHS	**Large Muscle** May be able to stand up by self, without hanging on to furniture. Varies crawling and standing to achieve goals. Steps sideways along furniture in "cruising" motion. Likes to walk holding on to parents' hands. Climbs up on chairs and other furniture. Stands with little support. **Small Muscle** Differentiates use of hands, holding with one while maneuvering with the other. Carries two small objects in one hand. Can release grasped object instead of just dropping it.
11 MONTHS	**Large Muscle** Stands alone. Can stand against support and wave. Can stand against support and lean over. May be able to climb out of crib or playpen. Is able to squat and stoop. Is able to stand and pick up objects. May push chair ahead of self for support while walking. Likes to climb stairs. Likes to follow parent; will "cruise" or crawl fast to reach parent. **Small Muscle** Uses hands together or separately. Likes to grab feeding utensils and cup. Likes to "squish" food in hands. May carry spoon to mouth in feeding attempt. Takes off shoes and socks.
12 MONTHS	**Large Muscle** May still prefer crawling to walking for speed, but combines both. May add maneuvers to walking around furniture, backing away, carrying toys, etc. May take steps to parent, falling into arms when reaching parent. Climbs in and out of playpen and crib. Climbs up and down stairs. In tub, makes swimming movements in water. **Small Muscle** Masters pincer grip. May show preference for one hand. May be able to pull off clothing. Can take lids off containers.

(continued)

INTELLECTUAL DEVELOPMENT

1 MONTH	**General** Learns about the world by using all five senses. Prefers to look at patterned objects and human faces. Follows slowly moving object with eyes. Listens attentively to sounds and voices. Cries deliberately for assistance. **Language** Cries to express needs. Is comforted by human voices and music.
2 MONTHS	**General** Coordinates eye movements. Is better able to follow moving objects with eyes. Shows obvious preference of faces to objects. Is clearly able to discriminate between voices. Associates certain behaviors with certain people (such as mother with feeding). **Language** Makes some sounds, but most vocalizing is still crying. Shows interest in sounds and will stop sucking to listen.
3 MONTHS	**General** Is attentive for as long as 45 minutes at a time. Shows memory by waiting for anticipated feeding. Recognizes family members and familiar objects and sounds. Likes to look at a variety of objects since vision has improved. Is able to suck and look at the same time, thus doing two controlled actions at once. Discovers hands and feet as extensions of self. Searches with eyes for sounds. Swipes at objects, but does not always make contact. **Language** Begins cooing one syllable, vowel-like sounds—ooh, ah, aw. Squeals and chuckles. Practices talking by making sounds, pausing, and making more sounds in a conversational rhythm.
4 MONTHS	**General** Is alert for up to an hour at a time. Is aware of different depths and distances. Likes to repeat enjoyable acts, like shaking a rattle. Is able to discriminate among faces and may resent a strange face. Shows interest in details of objects, such as shape, size, and texture. Enjoys watching hands and feet. Looks at object, reaches for it, and makes contact with it. **Language** Makes first consonant sounds—p, b, m, l. Is able to babble strings of syllable-like sounds as if talking. Smiles and coos when parent talks to him or her. Prefers to babble when parent responds.

(continued)

5 MONTHS	**General** Is alert up to one and one-half hours at a time. Can anticipate whole object when only part of object is visible. May be able to play "peek-a-boo" and "hide-and-seek." Reaches out for object and may be able to grab it awkwardly. Recognizes and responds to own name. Smiles at self in mirror. Learns to differentiate between self and rest of world by comparing fingers to toys. **Language** Watches parents' mouths as they talk and experiments with own sounds. Understands own name. Can recognize people by their voices.
6 MONTHS	**General** Is alert for two hours at a time. Reaches out to grab objects with better aim and coordination. Grabs any and all objects within reach. Studies objects intently, turning them to see all sides. Learns that objects do not disappear when they are dropped; they simply fall to the floor. **Language** Makes more consonant sounds. Repeats sounds to make two-syllable "words." Reacts appropriately to various tones of voice. Varies volume, pitch, and rate while babbling.
7 MONTHS	**General** Is aware of dimensions; can sort blocks according to size. Begins to make simple associations. Begins to show interest in the relationship between objects. Responds with expectation to repetition of an event. Enjoys looking through books with familiar pictures. May begin to imitate an act. **Language** May have favorite, well-defined syllables. Imitates sounds, tones of speech, and inflections. "Sings" along with music. May say mama or dada but does not connect with parents.
8 MONTHS	**General** Learns to solve simple problems. Likes to empty and fill containers, meanwhile learning concepts such as in, out, and "all gone." Remembers past events and past actions. Begins imitating behaviors of people. Notices changes in the whole scene, such as a cup left on a table. Begins to develop a sense of timing. Understands cause and effect. **Language** Begins jargoning by putting together a long series of syllables. Uses different inflections when jargoning. May label object in imitation of its sounds, such as choo-choo for train. Begins to recognize some words.

(continued)

9 MONTHS	**General** Recognizes dimensions of objects. Approaches small objects with hands, large objects with arms. May show new fear of height because of new understanding of distance. May show some symbolic thinking. **Language** Responds appropriately to a few specific words. Says a few words and adds appropriate gestures. Says mama and dada as specific names. May follow simple directions.
10 MONTHS	**General** Is able to play games involving object permanence. Will search to find hidden objects. Likes to look for contents in a container. Imitates behaviors in greater detail. **Language** Learns more words and appropriate gestures. May repeat one word endlessly. Likes to listen to familiar words and songs. Understands and obeys simple words and commands.
11 MONTHS	**General** Shows increased individuality in interests and abilities. Can point to parts of the body. Learns to make many kinds of associations. Becomes even more skilled in imitation. Knows the meaning of the word "no" but may disregard it. Likes to look at pictures in books. **Language** Still uses jargoning, but includes some meaningful words. Recognizes words as symbols for objects.
12 MONTHS	**General** Solves simple problems. Sets goal and takes action to achieve goal, as in pushing a chair in place to use for climbing. Puts nesting toys together correctly. May search for lost toys in more than one place. May use a preferred hand. Learns how to pick up and hold a third object. **Language** Begins to use language as an expression of self. May have vocabulary of several words. Knows words that imitate sounds of objects, such as bow-wow, etc.

(continued)

EMOTIONAL AND SOCIAL DEVELOPMENT

1 MONTH	**Emotional** Responds positively to comfort and satisfaction; negatively to pain. Is comforted by cuddling and being swaddled in blanket. **Social** May seem to smile at face or voice. May recognize parent's voice. Is comforted by human face.
2 MONTHS	**Emotional** Is able to show distress, excitement, contentment, and delight. Can quiet self by sucking. **Social** Smiles spontaneously and fleetingly to sensory stimulation from parent. Looks at person alertly and directly. Quiets in response to being held, seeing human face, or hearing voice. Shows affection by looking at person while kicking, waving arms, and smiling. May "perform" to get attention.
3 MONTHS	**Emotional** Shows feelings of security when parent holds and talks to him or her. Senses that hands and feet are extensions of self. Whimpers when hungry, chortles when content. **Social** Communicates with different sounds and facial expressions. Smiles spontaneously when parent plays with him or her. Responds with total body to familiar face. May stop or start crying according to whoever holds him or her. Tries to attract the attention of parent.
4 MONTHS	**Emotional** May form an early attachment to one special object. (Feels secure enough to extend interest beyond self.) Still depends on positive stimulation for feelings of security. Responds to continued warmth and affection. **Social** Shows increased pleasure in social interactions. Responds to and enjoys being handled and cuddled. May babble or make sounds to imitate socializing. Enjoys social aspect of feeding times. Becomes more sensitive to strangers. Becomes unresponsive if left alone most of waking hours.

(continued)

5 MONTHS	**Emotional** Senses self as being separate from parent. May show fearful behavior as separateness is felt. Distinguishes between familiar and unfamiliar adults. Shows fear, disgust, anger. Enjoys learning new activities. Builds trust when cries are answered; becomes anxious and demanding when cries are unanswered. **Social** Smiles and babbles to initiate social contact. May be able to play peek-a-boo game. Shows anticipation when near people, especially parents.
6 MONTHS	**Emotional** Senses that adults are different from children; enjoys playing with children. Responds to affection and may initiate signs of affection. Likes attention and may cry to get it. May begin clinging to primary caregiver. Calls parents for help; trusts them to respond. **Social** Laughs when socializing. Enjoys playing cooperative games with parents and siblings. Smiles at familiar faces and stares solemnly at strangers. Desires constant attention from parent.
7 MONTHS	**Emotional** May show more dependence on parents for security. May fear performing some familiar activities. Has increased drive for independence but senses frightening situations. **Social** Shows desire to be included in social interactions. May be responsive to other persons, but is clearly attached to parent. Thoroughly enjoys company of siblings. Begins to develop sense of humor; teases.
8 MONTHS	**Emotional** Exhibits fear of strangers. May develop separation anxiety thus needing constant reassurance of parent's presence. Wants to be held by parent when with strangers. May anticipate being left and, if so, becomes disturbed. Values quick display of support and love from parent. Likes to explore new spaces, but wants to be able to return to parent. Enjoys playing with own image in mirror. **Social** Definitely prefers parents to strangers. Is more aware of social approval and disapproval from family members. May cling to parent if taken to a strange place. Sustains interest in play, especially when playing with family member.

(continued)

9 MONTHS	**Emotional** May show fear of heights; may be afraid to crawl down from chair. May show fear of new sounds, such as vacuum cleaner. Needs appropriate comfort and reinforcement during this stage. May begin to protect self and possessions. **Social** Shows interest in play activities of others. Likes to play games like pat-a-cake with siblings. Definitely prefers certain people to others; family members are favorites. Recognizes the social nature of mealtimes. May be more sensitive to other children.
10 MONTHS	**Emotional** Cries less often. Shows emotions in other, more specific ways. Expresses delight, happiness, sadness, discomfort, and anger. May be able to show symbolic thought by giving love to stuffed toy. **Social** Is more aware of and sensitive toward other children. Likes to play with siblings and understands object permanence, knowing that "lost" objects may reappear. Enjoys music and may mimic movements others make to music. Likes to perform for family audiences; may repeat acts if applauded. Will not show off in unfamiliar surroundings.
11 MONTHS	**Emotional** May not always want to be cooperative. Recognizes difference between being good and being naughty. May say "no" while shaking head, but will continue to do forbidden deed. **Social** Seeks approval and tries to avoid disapproval. Imitates movements of other children and adults. Likes to say "no" and shake head to get a response from a parent. Tests parents to determine limits. Objects to having his or her enjoyable play stopped.
12 MONTHS	**Emotional** Senses consequences of new mobility and may have renewed fears. May reveal an inner determination to walk. Begins to develop self-identity and independence. Expresses many emotions and recognizes emotions exhibited by others. Shows increased negativism. **Social** Is able to play games with understanding. Enjoys playing with siblings. May react sharply to being separated from primary caregiver, but may understand that separation is temporary. Likes to practice communication with adults. Continues to test parental limits.

to Review

1. Describe two basic patterns of development that infants follow.
2. At about six months, babies are struggling to develop better muscle control and a sense of balance. How do they demonstrate this?
3. True or false. Infants can control their small muscles before they can control their large muscles.
4. Describe a mitten grasp and a pincer grip.
5. At about what age should solid food be introduced into a baby's diet? What food is generally introduced first?
6. What is weaning?
7. How can teething pain be relieved?
8. Name three "lessons" babies learn as they begin swiping at objects with their hands.
9. Why do babies become capable of playing the peek-a-boo game at about five months?
10. What do babies learn by playing the "pick up the things I drop" game?
11. Explain the concept of object permanence.
12. Give an example of a problem-solving skill a baby nearing the age of one may perform.
13. How can parents help their babies learn that conversation is a pleasant social exchange?
14. Define emotional development and social development.
15. Most three-month-old babies know how to start social interactions with their parents. How do they do it?
16. True or false. Parents who answer their babies' calls for attention will spoil their babies.
17. Why is a baby's attachment to a "lovey" an important step in self-development?
18. Give two examples of how babies use imitation to learn about what people do and how they act.
19. What is separation anxiety? Why does it occur?

to Do

1. Several advances in physical development occur during the first year of life. Discuss how each of the advances listed below creates new concerns for parents in terms of safety and care.
   a. Learning to roll over.
   b. Learning to sit up.
   c. Learning to crawl.
   d. Learning to stand.
   e. Learning to walk.
2. Discuss ways parents can make the most of play times by being observant, patient, and creative.
3. Discuss how an infant's physical development affects his or her intellectual, emotional, and social development.
4. Interview several parents of one-year-old babies. Ask them how their lives have changed during their first year of parenthood. Also ask them what changes in their infants have been the most dramatic.
5. Discuss this statement: A healthy husband-wife relationship is a strong foundation for building a happy family.
6. Observe several infants to see signs of various stages of development such as rolling over, crawling, standing, "cruising," walking, swiping at objects, grasping objects, dropping objects, teething, showing fear of strangers, playing peek-a-boo, solving simple problems, imitating others, showing an understanding of object permanence, responding to words, jargoning, saying a few words, developing an attachment to a "lovey," showing a sense of humor, and showing separation anxiety. Discuss your observations in class.
7. Invite a pediatrician to come to your class and describe the general sequence of events in the physical, intellectual, emotional, and social development of infants. Ask the pediatrician to discuss the importance of viewing each infant as a unique individual.

Parents of on-the-move toddlers feel lucky when they find a few calm moments to hug and hold their children.

10

Parents and their toddlers

This chapter will help you identify steps in the physical, intellectual, emotional, and social development of toddlers. In addition, it will help you recognize the expanding independence of toddlers and ways in which parents can encourage this growth.

Parents are amazed at the constant motion of their toddlers. Each new activity opens up a wonderful world for both the toddlers and their parents. Parents often wonder if they have the energy to keep up with their little bundles of energy.

In all areas of development, one and two-year-olds are striving for independence and developing their individuality. Physically, toddlers become more independent as they improve their motor and coordination skills. Intellectually, toddlers' understanding of the world around them broadens and adds to their feeling of individuality. Socially and emotionally, toddlers try out their independence by pushing away from their parents one minute, only to run back to them the next minute because that is still where they feel most secure.

Parents need much patience and understanding to cope with the frustrations of toddlerhood. But the joys of watching toddlers take steps toward independence and individuality make it all worthwhile.

PHYSICAL DEVELOPMENT

One and two-year-olds grow quickly in height and weight, but not as quickly as they grew during infancy. The most noticeable changes during toddlerhood are in body proportions. The head may still seem large, but the trunk, arms, and legs are catching up. The legs grow longer and stronger to meet increasing walking needs. The backbone often seems to curve forward, and the abdomen protrudes. The "baby fat" of the plump infant begins to disappear, and gradually a leaner, more muscular shape evolves. Hands and feet are still rather short and stubby, so small muscle development is somewhat hindered. As children continue to lengthen in body proportions, their coordination will improve.

By age two, toddlers are about 33 to 35 inches (84 to 89 cm) tall. They weigh about 28 pounds (13 kg). By their third birthday, they are about 35 to 37 inches (89 to 94 cm) tall and weigh about 31 to 33 pounds (14 to 15 kg).

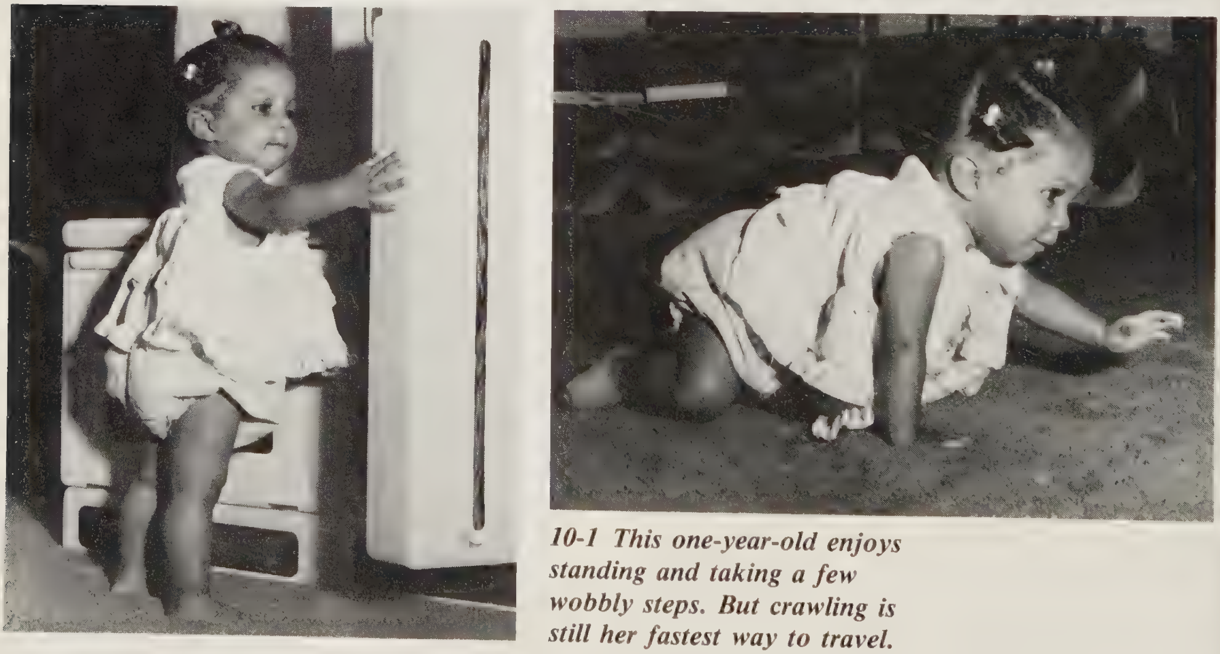
Large muscle development

By their first birthday, babies vary in their levels of motor development. Some are walking alone. Some are "cruising" along furniture and standing alone for short periods of time. Some enjoy standing but still rely on crawling when they really want to cover distances. Others are just learning to pull themselves up to a standing position. See 10-1.

Parents are eager for their babies to take their first steps, but as in all other areas of development, timetables vary a great deal. Starting to walk early or late is not necessarily related to any other area of development—intellectual, emotional, or social. Healthy babies will walk when they are ready to walk. When they do take their first steps, they walk flat-footed with their toes turned in. They walk with their feet spread apart and their arms held out high at their sides for balance.

Toddlers are almost always in motion. As they become more mobile, they also become more curious about the world around them. They explore every corner of every room. They climb any stairs they see. Dangerous stairs should be barricaded, but most toddlers can learn to go up and down stairs safely. Usually, they back down the stairs, but sometimes they turn around and descend by sitting and bumping on each step.

Toddlers are quite resilient to bumps and falls. They are so intrigued with their walking and climbing skills that they pay little atten-



10-1 This one-year-old enjoys standing and taking a few wobbly steps. But crawling is still her fastest way to travel.

tion to these minor inconveniences. Many times parents anticipate painful cries when they see their toddlers fall only to see them scamper away and try again.

Once toddlers can walk well, sitting down is the next hurdle for them to conquer. At first, the only way they can sit down is to fall down. Within a few months, they manage to squat and sit down with control.

Toward the middle of the year, toddlers are learning to walk sideways and then backward. They are delighted with these new tricks and may clap their hands and laugh as they try and achieve each new skill. Eventually, they will be able to stand on either foot alone. They may even try walking on their tiptoes.

Near the end of the year, toddlers are walking more quickly. Some are even running stiffly. Crawling is a thing of the past, and some may even abandon this skill in favor of walking up stairs by holding on to a parent's hand.

By the time they are two, toddlers are walking with more assurance. They can walk sideways and backward with ease. They move in rhythmic responses to music and enjoy bouncing and swaying in simple dancing movements. As the year progresses, toddlers become more coordinated. They put their improved coordination and balance to the test with all kinds of stunts as shown in 10-2.

Toddlers are proud when they manage to seat themselves in small chairs. They may repeat the

10-2 Toddlers like to try new stunts like bending over to see things from a different angle.

process of sitting, getting up, and sitting again several times as they learn this new movement. Sitting is an important accomplishment which requires toddlers to judge distances, back up to chairs, and without looking sit down with controlled muscle movements.

Two-year-olds gradually gain greater control over their environment. They love to climb on outdoor play equipment, but the idea of coming back down may still be a little frightening, 10-3. They climb indoors, too. With the help of chairs, they may get into things their parents thought were safely out of reach. They learn to jump off the ground with both feet together, and this broadens their game-playing skills. They also learn to push themselves on wheel toys which gives them a whole new way of traveling from place to place. All of these activities help toddlers' muscles grow stronger.

Toddlers struggle for control, and they are determined to do things themselves. The struggle is not theirs alone; parents also struggle trying to figure out when they should help and when they should not help. Toddlers are not capable of doing some things they want done. A toddler can't carry a pail of water out to the sandbox. A toddler can't reach a toy on a too-high shelf. Ideally, parents should think about each situation, give help when it is needed, and let the toddler do the rest.

The simple act of walking together may create struggles. Toddlers love to walk, but they do not learn how to walk along with an adult until about three years of age. Until then, they walk toward whatever interests them – a bit of uneven ground, a puddle, or a low wall that looks good for climbing. As long as the parents stay nearby, the toddlers are happy wandering in any direction. As soon as parents show signs of moving off in a specific direction, toddlers stop walking. They stand in front of their parents with their arms up, asking to be carried. They are not being lazy. They are following their natural instincts, knowing that they cannot follow along. If their parents walk away, they will be lost. Holding toddlers' hands helps only for a few steps. They simply cannot match the pace and direction of adults' walk. A ride in a stroller or on a parent's shoulders will keep everyone happy on the way home from a family outing.

Small muscle development

Year-old toddlers can grasp objects almost as well as adults can, but their skills in manipulation still need improvement. Toddlers practice their grasping and manipulating skills by picking up any objects they can and lugging them from one place to another. Daddy's big shoes or Mommy's favorite doorstop may be found almost anyplace in the home. Their pincer grasp will be put to use many times as they pick up small pieces of cereal or transfer small blocks from one container to another. Toddlers also like to look at picture books. Books with stiff cardboard pages or cloth pages are best since they cannot be torn.

With improved walking and grasping skills, toddlers become even better explorers. They can move to any corner of any room and pick up all kinds of objects. This is a time for parents to make regular safety checks of their homes. They should take a close look at each room, the basement, the garage, and the yard – from a toddler's point of view. Parents should keep in mind that toddlers like to climb onto and crawl under things. They like to empty and fill containers. They like to put things in their mouths. Parents should keep a sharp eye out for safety pins, nails, razor blades, sharp pieces of broken toys, and other hazards. Coins, buttons, earrings, paper clips, and small beads are dangerous because toddlers may swallow them or choke on them. All poisons, cleaning agents, and medicines should be stored where toddlers cannot reach them. Using locks is the surest protection method. Other safety tips are illustrated in 10-4.

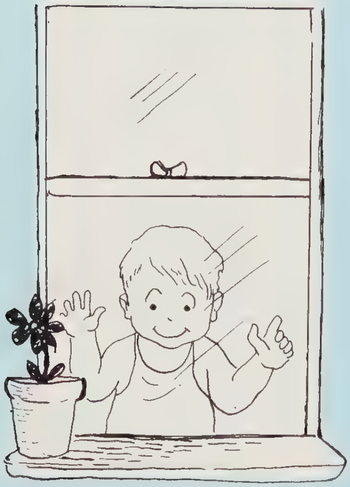
One-year-olds gradually improve their ability to pick up and release their hold of an object. This makes them better partners in a game of ball, 10-5. These same skills make them less desirable as shopping companions. They try to grab anything they can reach. A toddler in a grocery store may try to fill a parent's cart with unwanted items just because picking up all those colorful boxes and cans is so fun.

Advances in small muscle development can be seen as toddlers learn to add hand gestures to their new communication skills. They continue to enjoy rummaging through drawers and examining objects by turning them all around. Their curiosity helps them learn about their environment. Most of the lessons are fun, but some are not. For instance, toddlers learn that pushing drawers shut without first removing their fingers can be very painful.

Small motor skills improve as toddlers approach their third birthday. They can turn pages of books, string large beads, and build

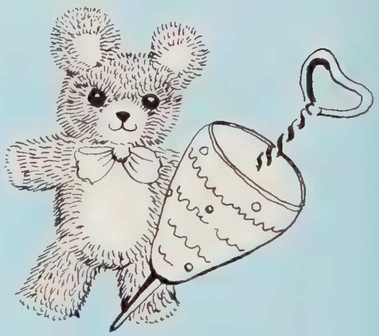
10-3 Two-year-olds love to climb, but they may ask for help on the way back down.

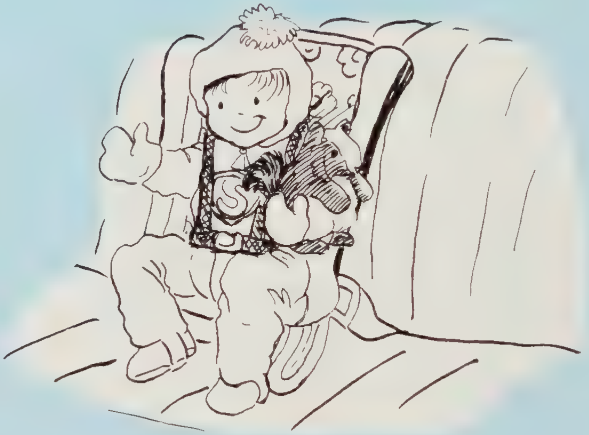
DANGERS AND SAFEGUARDS DURING TODDLERHOOD



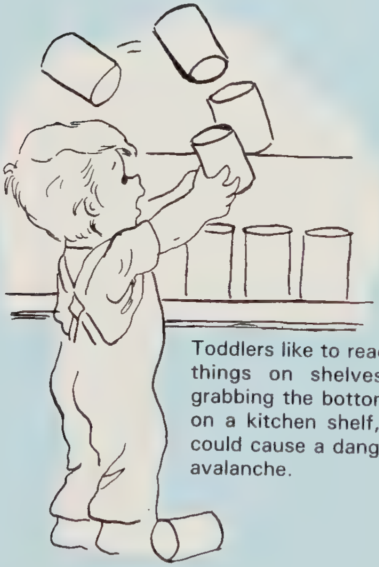
Toddlers like to investigate any opening. Parents should close and lock all windows because toddlers have enough strength to open a window and crawl through it or to slam a window shut on their fingers.

Parents should examine all toys to make sure they are safe. The eyes on dolls and stuffed animals should be securely fastened so a toddler cannot pull them off and swallow them. Tops with pointed ends are dangerous, and no toys should have sharp edges.

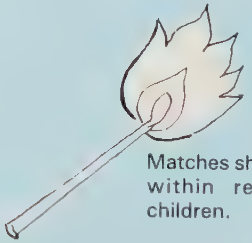




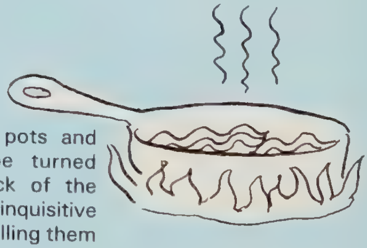
Toddlers should be placed in safety seats whenever they ride in cars.



Toddlers like to reach for things on shelves. By grabbing the bottom can on a kitchen shelf, they could cause a dangerous avalanche.

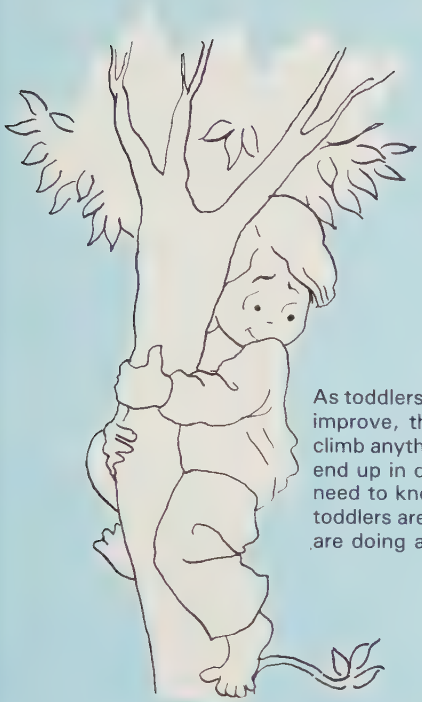


Matches should never be left within reach of young children.

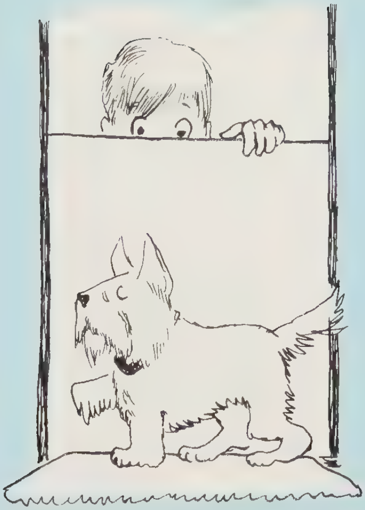


Handles on all pots and pans should be turned toward the back of the stove to prevent inquisitive toddlers from pulling them down.

10-4 Parents must supervise their toddlers' activities to warn them of dangers and to prevent accidents.

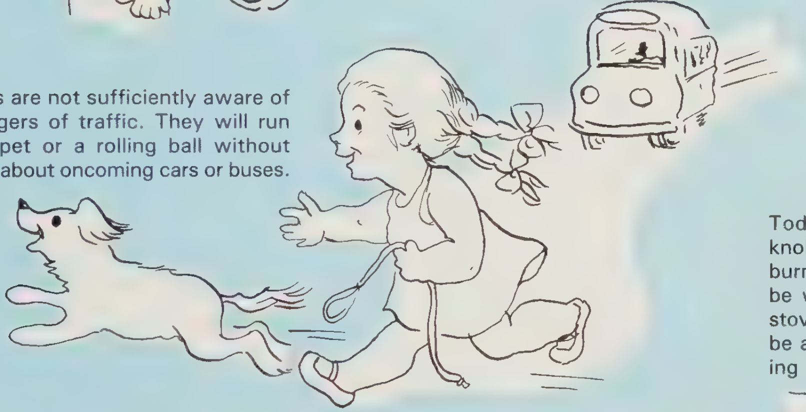


As toddlers' physical skills improve, they may try to climb anything in sight and end up in danger. Parents need to know where their toddlers are and what they are doing at all times.

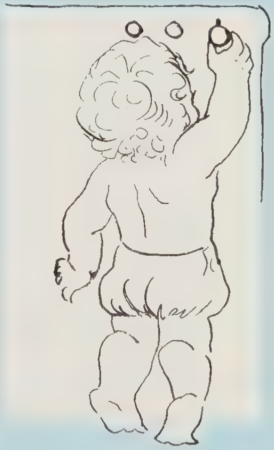


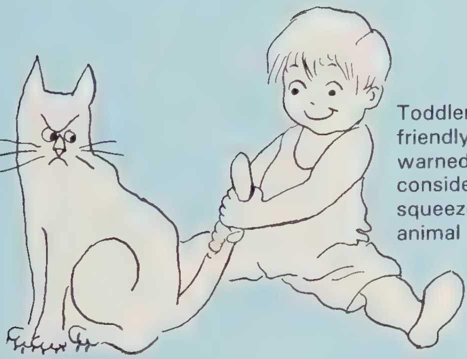
Doors should be closed or barricaded to prevent toddlers from gaining access to potentially dangerous areas.

Toddlers are not sufficiently aware of the dangers of traffic. They will run after a pet or a rolling ball without thinking about oncoming cars or buses.



Toddlers are fascinated by knobs. They may turn stove burners on or off. Children can be warned to stay away from stoves, but parents also need to be aware of what they are doing at all times.





Toddlers think all pets are friendly. They should be warned that what they consider a friendly pat or squeeze may cause an animal to scratch or bite.

0-4 (continued)

crude towers of six or more cubes. They can turn doorknobs with greater strength, and their scribbles include circles as well as horizontal and vertical lines. They like to take simple objects apart and put them back together. They have a great feeling of accomplishment when they can put all the parts of a nesting toy together.

Life skills

The term *life skills* refers to the eating, dressing, and grooming skills children must learn in order to provide routine care for themselves. Toddlers are eager to improve their life skills since doing so gives them more independence.

Mealtime is a good time to encourage independence. Parents should cut food into small pieces so toddlers can feed themselves. If a food (like applesauce) must be eaten with a spoon, parents should help their toddler only if the child asks or gestures for help. See 10-6. If parents are asked to help, they should simply load the spoon. The toddler may want to take over from there. If the toddler cannot handle the spoon, parents should be ready to help before the toddler becomes completely frustrated.

Food should be presented to toddlers in small amounts. Parents who fill their toddlers' plates, hoping that they will eat some of the food, are asking for problems from frustrated children. Toddlers' appetites are rather small, and they can become easily discouraged at mealtimes. Children from one to two years of age usually eat about one-third to one-half of typical adult portions.

Except for spicy or salty foods and soft drinks, toddlers can eat just about anything the family eats. Toddlers are ready to share most mealtimes, too. But they do not like to sit still as others finish eating. Some battles may be prevented if toddlers are allowed to leave the table when they have had enough to eat.

The primary goals for mealtimes are to provide a good mixed diet for toddlers and to make mealtimes as enjoyable as possible. Using good table manners is not a reasonable goal for toddlers. They often still find fingers more useful than spoons for getting food from their plates to their mouths. They may prefer to eat their foods in unusual combinations. For instance, they may dip their green beans in their mashed potatoes. If they know pudding is planned for dessert, they may want to eat it along with their meat. As long as they are eating nutritious foods and enjoying mealtimes, the primary goals are being met.

Toddlers' eating habits may seem strange to parents. Their appetites and food preferences seem to change from day to day. Before parents start to worry, they should remember that if

10-5 Toddlers love to play "catch" once they have mastered the skills of holding and releasing a ball. Their aim is still poor, but their enthusiasm is great.

children are hungry, they will eat. If children don't eat much at a meal, they probably are not hungry, so they should not be forced to eat. This brings up the question of snacks. A toddler who did not eat much lunch generally should not be given an afternoon snack. By waiting until dinner, the toddler will be hungry enough to eat a well balanced meal. On another day, the same toddler may have eaten a good lunch and may still be hungry in the afternoon. A small, nutritious snack of fruit, cheese, or crackers will satisfy the hunger and keep everyone happy.

One final point to be made about toddlers and food is that food should not be used as a reward, bribe, or threat. Eating food is a means of satisfying hunger. A cookie has nothing to do with good behavior. Candy does not lessen the pain of a skinned knee. Linking certain foods, especially sweets, to emotions may set the stage for a lifetime of poor eating habits.

Another kind of life skill is dressing oneself. Toddlers make great progress in this area. At first, they may help in the dressing process by

10-6 If the toddler does not mind applesauce dribbling down his chin because of an upside-down spoon, neither should his parents. With practice, he will learn to handle the spoon skillfully.

pushing their arms through sleeves. Gradually, they help more and more until they are able to dress and undress themselves in simple garments, 10-7. They may use their clothes to express their growing independence. They may have definite preferences and may want to change clothes several times a day. Parents soon learn that there is no sense to endless battles with their toddlers over these preferences. Toddlers react positively to praise when they do look good, and this is one of the best ways to encourage dressing in suitable clothing.

Toddlers are eager to learn simple lessons in cleanliness and grooming, especially if these lessons are presented in a relaxed, pleasant atmosphere. A short stool helps toddlers reach the sink and makes grooming tasks easier. Most toddlers like to wash their hands—a task they view as an experiment with water. When given a small, soft toothbrush and a simple but fun challenge, they will enjoy brushing their teeth.

Parents need patience to give the gentle guidance and encouragement their toddlers need to help them master life skills. Children this age want to do things for themselves. They will learn to do so more quickly if they are encouraged and guided with praise.

Teething

The sequence of teething is predictable. The timing varies from child to child as does the pain that accompanies each new tooth.

A baby's first two teeth usually appear between five and nine months of age. Teething

10-7 A toddler may insist on dressing herself even though the job is tough.

continues throughout the end of infancy and well into toddlerhood. The childhood set of 20 teeth is usually complete by the age of two-and-one-half. The sequence of teething is illustrated in 10-8.

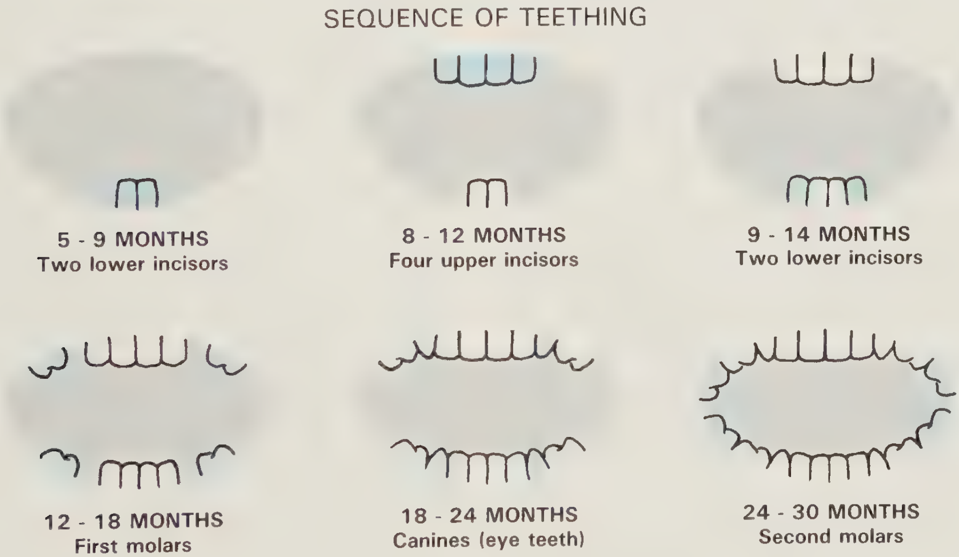
Decay is caused mostly by foods (especially sticky, sugary foods) staying on or between the teeth. To prevent decay, children should start brushing after their first birthday. Teeth should be brushed at least twice a day—after breakfast and before bedtime. Toddlers love to copy their parents, and they enjoy brushing along with them. Right from the start children should be helped to clean their teeth. Brushing should always be away from the gums (downward over the top teeth and upward over the bottom teeth) to remove trapped particles of food. After this, the teeth should be vigorously brushed to remove plaque.

Parents may want to take their toddlers for dental checkups. These acquaint children with dentists and give dentists a chance to spot any problems. Baby teeth need to be kept free from decay. A decayed tooth may have to be pulled to prevent infection of the jaw. Once the tooth is pulled, the resulting space allows adjacent teeth to grow out of position. This could cause poor alignment of permanent teeth which begin to appear at about six years of age.

Toilet learning

Sometime during toddlerhood, children become ready for toilet learning. Mastery of this life skill comes more quickly for some children than for others. The basic rule for parents is to avoid turning toilet learning into a battleground. Children will cooperate when they are ready. If they are not ready, no amount of coaxing will do any good.

Learning to use the toilet involves several steps. First, children must be able to understand what parents want them to do. Up until this time diapers have taken care of the process, so children have to learn a new method of handling body eliminations. Second, children must be able to recognize the sensation of needing to empty the bladder or rectum. Third, children must be able to tighten the sphincter muscles related to the bladder or rectum to prevent immediate elimination. Fourth, they must get to the bathroom and be able to pull down their training pants and sit on a potty chair. Fifth, they must be able to relax the sphincter muscles so they can empty the bladder or rectum.


SEQUENCE OF TEETHING

5 - 9 MONTHS
Two lower incisors

8 - 12 MONTHS
Four upper incisors

9 - 14 MONTHS
Two lower incisors

12 - 18 MONTHS
First molars

18 - 24 MONTHS
Canines (eye teeth)

24 - 30 MONTHS
Second molars

10-8 Teething follows a predictable sequence, but the timing is unpredictable.

Toilet learning usually follows a set pattern. Bowel control is achieved first, followed by daytime bladder control and then nighttime bladder control. Mastery of toilet learning should not be expected until about the age of two-and-one-half. Many children take even longer. There are many reasons for the differences in ages. One simple one may be that some children are unhappy with wet and dirty diapers while others do not seem to mind them.

When toddlers show signs of being aware of their bowel movements, bowel control training may begin. An earlier start will not make the process any faster. It will only frustrate both the parents and the children. Once children are aware of their bowel movements, parents can acquaint them with a potty chair. If children are placed on the potty chair when they show signs of starting a bowel movement, they will soon make the connection. Children should be praised when they are successful. If they dirty their diapers, they should not be punished or made to feel they have done something naughty. This would inhibit the process. Toddlers should not be forced to sit on the potty chair for long periods of time, nor should they be punished for not performing.

Once toddlers are fairly successful with the potty chair, training pants may be substituted for diapers. These are thick with elasticized legs for protection against accidents. Bladder control may not be achieved for another two or three months or even longer. Most children need to urinate every two hours, and the need arises suddenly. Parents have to make many trips to the potty chair to help their toddlers stay dry. Even so, accidents will happen. When they do, children should not be scolded or punished. Most children feel upset about accidents and need consolation rather than punishment. Gradually, toddlers will gain better bladder control. They will also become more skillful in handling their clothes and thus more independent in their toilet routines.

INTELLECTUAL DEVELOPMENT

Toddlers gradually realize that they are a part of a larger world. Along with this realization comes the desire to explore that world. Parents play an important role in this phase of toddlers' intellectual development. Parents' enthusiasm can be contagious. Toddlers who see the world as an exciting place full of things to see and do are likely to explore with enthusiasm and learn a lot in the process. See 10-9.

Many parents become overly anxious as they compare the intellectual development of their child with that of playmates or with development charts. Children are individuals. Each has a unique hereditary background and a unique environment. Each learns at his or her own pace. Parents cannot control their child's intellectual development, but they can encourage it. The best contribution parents can make is to provide stimulating interactions in relaxed settings. When their one-year-old starts searching for a hidden toy, parents can playfully join in the search. Such stimulating interactions will do a great deal for the natural growth of intellect and curiosity in a child.

One-year-olds are beginning to understand their world beyond just what they can see, hear, and touch. Yet they are still *egocentric* (self-centered), and their activities still revolve around their own interests and needs. They live in the world of the here and now. They have a memory, but it is very short. And they are almost without forethought. They do not remember being scolded yesterday for playing with the knobs on the stereo. Nor do they think ahead to the possible consequences of turning the knobs today. They see those knobs, and they head straight for them. Whatever they see, they investigate. Whatever they want, they grab.

As one-year-olds explore their world, they also conduct experiments. When they pick up an object, they try to figure out what to do with it. They may try squeezing, rolling, or dropping it. Through their experiments, toddlers begin to recognize similarities and differences among objects. Balls roll; blocks stay still. Apples and crackers are different, but they are more like each other than like a book. This is the beginning of the ability to form concepts. Gradually, toddlers refine their concepts. They will learn that not all vehicles are cars. Some are trucks, vans, and buses. They will learn that not all animals are dogs. Some are cats, horses, cows, and pigs.

One-year-olds learn a lot about their world by watching how their parents and other people react to it. They demonstrate what they have learned through imitation. They may find the dishcloth and try to wipe the kitchen table. They may awkwardly handle a newspaper as if trying to read it. Their imitations will bring many smiles to parents' faces.

Toddlers are not capable of logical thought, but they do begin to figure some things out by the time they are about 18 months old. They remember where different things are in their homes, and they may surprise parents by connecting activities with objects. Toddlers who spill dry cereal on the kitchen floor may head straight for the closet where the broom and dustpan are stored.

10-9 A parent with a good sense of fun can delight a toddler with something as simple as a pail full of water.

Eventually, toddlers add imagination to their imitating and simple problem-solving skills. At first, parents may not notice the changes in their play, but there are differences. By midyear, two-year-olds are not just imitating actions they have seen. They are using original ideas. When they imagine, they use a mental image of a behavior. Then they use their own ideas to act out the behavior in a new situation. For instance, they have seen people wearing hats. When playing with a saucepan, they find it can be turned over and placed on a head. With imagination, they have invented a hat. Many of toddlers' favorite make-believe activities are based on remembered family events, so they often like to involve their parents. For instance, the toddler may imagine that parent-child roles are reversed. The child may cover the parent with a blanket and say "night-night" as if to say it is time for bed.

Imagination and make-believe play offer wonderful learning opportunities for toddlers, 10-10. Most one-year-olds are egocentric. Their daily activities are focused on investigating their

10-10 With imagination, toddlers can transform a big box into anything from a spaceship to a secret cave.

world and learning how they relate to it. As two-year-olds, their growing powers of imagination and make-believe allow them to act like others and thus break away from their egocentric behavior. They begin to realize that other people have feelings, too. They may demonstrate their new ability to show empathy by creating make-believe settings. If a brother hurts his finger, the toddler may make-believe that he or she is a parent. The toddler may then kiss the brother's finger, remembering how a parent has soothed injuries in the past.

Intellectual development occurs during toddlerhood in other ways, too. Young toddlers are more interested in an activity itself than in any outcome of the activity. They love to empty and fill containers just for the fun of doing it. Older toddlers refine this skill and become more concerned with the precise placement of objects. They enjoy playing with nesting toys, form boards, and simple puzzles. In a similar way, toddlers' first scribbles are just for the fun of scribbling. (Parents should supervise the first attempts for the sake of both safety and cleanliness.) The first scribbles are just wavy lines, drawn without a plan and without lifting the crayon from the paper. Later, toddlers start to draw single lines—first vertical, then horizontal, then circular. As they approach their third birthday, toddlers can draw crude pictures, interpreting what they have drawn after the pictures are finished. They are not yet able to plan what they want to draw and then draw it.

Toddlers are busy little people, and parents are a very important part of their learning environment. Each day has many *teachable moments* when parents have opportunities to introduce new ideas to their toddlers, 10-11. Parents also have to act as managers as they work to keep their children's learning environment stimulating but not overwhelming. Toddlers should not feel bored. Nor should every waking moment of their lives be filled with planned activities. They need a mixture of new experiences and familiar or routine experiences. They need time for playing with parents and siblings, and they need time for playing alone. They need chances for active play like running, jumping, and climbing. They also need chances for quiet play like looking at books and working with puzzles. Variety is the key to sound intellectual development.

Language development

Early in the toddler stage, most children have a vocabulary of just three to four words in addition to Mama and Dada. Toddlers gradually build their vocabulary, but they may use a single word to describe similar objects or actions. "Dog" may be used to refer to all animals until the toddler learns that different animals have different names. "Daddy" may be used correctly to identify a father, but all other men may also be called "Daddy" for some time. "Up" may mean anything rising, including themselves being lifted into a parent's arms or into a high chair. "Allgone" (usually spoken by toddlers as a single word) may refer to the disappearance of anything—food, a toy, or a person. "No" is their most commonly used word for several months. They say "no" even when they are doing something positive.

10-11 Letting a toddler steer a tractor (with close supervision) helps the child learn about moving vehicles in a fun way.

Some words the toddler uses are only distantly related to real words. "Bankie" may mean blanket. "Coocoo" may mean cookie. If the parent understands the toddler-word, the parent should respond accordingly. After all, the purpose of language is to communicate. If the toddler has communicated with the parent, the message should be accepted. Making a toddler repeat a word over and over until the pronunciation is correct would bore and frustrate the child. A better solution is to accept the toddler-words and respond in adult words. For example, a toddler may say "bankie" with a questioning voice. A parent's response could be, "Do you want your blanket? Your blanket is on the chair." This interaction assures the toddler that his or her efforts at communication are worthwhile. It also helps the toddler become more familiar with adult language.

Parent-child interactions are important at all stages of language development. Infants babble more when parents respond to them. As babies listen to parents talk, they copy adult speech tones and inflections in their jargoning. When toddlers reach the labeling stage, parents can help them learn new words. Pointing to and then naming parts of the body or objects in a room is a game toddlers like to play repeatedly. This game allows them to show off the new words they have learned. As their intellectual development continues, they become better able to understand and respond to language. By mid-year, most one-year-olds can respond to somewhat complex commands such as, "Roll the ball to me."

The rate of language development varies as much if not more than any other aspect of development. Parents should not be too concerned if their toddler seems to be learning new words at a slow rate. A few months later, the toddler may burst forth with several new words each week. See 10-12.

10-12 As talking becomes more important to toddlers, they may start playing with telephones. Parents may have to buy play telephones if they want to save the real ones for themselves!

Once toddlers are comfortable using lots of single words, they start combining them in two-word sentences. Toddlers add the second word to make their meaning clearer. They still have no concept of correct grammar. When toddlers are used to expressing their thoughts with combinations of words, they will gradually lengthen their sentences to three or four words. Toddlers do not just mimic sentences they have heard. They invent sentences to convey their thoughts to other people.

By the end of the toddler stage, children are aware of certain variations in adult speech. They may begin incorporating these same variations in their own speech. For instance, they may begin using pronouns once in a while. "Me" is their favorite as in "Me do," and "Me go." At about the same time, toddlers may start to add an "ed" ending to verbs in the past tense. They may also add an "s" sound to nouns to make them plural. The results may sound strange as in "Daddy goed," and "See mouses!" Yet these are important steps in their overall understanding of language.

EMOTIONAL AND SOCIAL DEVELOPMENT

The years of toddlerhood reveal many changes in emotional and social development. Toddlers' behavior is inconsistent as they struggle for independence. On one hand, toddlers show their desire for independence by trying to do more things for themselves. On the other hand, toddlers ask for hugs of security and reassurance. Parents see their toddlers as sweet and lovable one minute and stubborn and willful the next. Meeting their conflicting needs is challenging. But parent-child interactions during these years will be remembered for their diversity of joys as well as frustrations.

At first, toddlers seem to be out to conquer the world, 10-13. Their inner drive is based on their new realization that they can control their own actions and make things happen. They have an overwhelming urge to try out everything just to see what happens. During the toddler years, children have many successful explorations. But they also run into obstacles and frustrations.

Parents need to understand that both negative and positive emotions are a normal part of toddlerhood. They also need to understand that it is natural for toddlers to be changeable and intense in expressing both kinds of emotions. Parents need to help their toddlers deal with negative feelings and resolve problems.

Once toddlers can walk and talk, their socialization begins in earnest. Their new skills allow them to take a more active role in interactions with other children and adults. They feel comfortable with their family members, but they like to take plenty of time before becoming friendly with others. Toddlers may even be timid about meeting other children. It is better to let them make the move to be friendly than to push them into relating with others.

Two-year-olds continue their struggle for independence. Their success depends largely upon the strength of the feelings of security they gain from family interactions. Some toddlers are clingy and hesitant to wander too far from their

10-13 Toddlers often think the world exists just so they can explore it and have fun in it.

parents. They may continue to "shadow" their parents well into their preschool years. Toddlers need to feel secure when they make their first attempts to venture out into the world. They may run from their parents quite easily. But they need to know the waiting arms of love and understanding will always be there when they turn to run back. Parents can further these feelings of security by encouraging toddlers to investigate their world but never pushing them into new experiences until they are ready.

A toddler may develop an attachment to a favorite object, such as a blanket or stuffed toy. The toddler will cling to the "lovey" until it is hardly recognizable. Parents may have to search every room of their home to find the tattered blanket or forlorn-looking stuffed toy which will end their child's tears at bedtime. Attachments like this are a normal part of development. Parents should not deprive their children of security objects. Children will gradually abandon them as they grow older and develop a greater sense of security in themselves. See 10-14.

10-14 Toddlers of either sex may have a "lovey." They should not be teased since this is a normal part of healthy emotional development.

Toddlers' emotions are quite fragile. They may be laughing one minute and crying the next. They have little patience and are easily frustrated. It is important that parents find appropriate ways to help their toddlers when they are frustrated. Physical activities like racing across the yard or pounding with a toy hammer are good emotional outlets.

If parents examine the reasons for their toddlers' frustrations, they may be able to prevent future problems. If toddlers are misusing certain objects in the home, parents might be wise to eliminate those objects for a while. Toddlers may be intrigued by plants and love pulling off their leaves. Moving the plants to an inaccessible area may be the indirect guidance needed to prevent future temptations. In other cases, time schedules may need to be rearranged. Toddlers are less likely to become frustrated when they are well-rested.

Toward the end of toddlerhood, children begin to show more control of their behavior. Parents can do a great deal to help by giving their children approval and praise when their behavior is good. Parents need to give love and understanding but firm guidance when their behavior is bad.

As they approach three years of age, toddlers become much more interested in relating to others. Their emotional and social growth allows them to increase their ability to play near and with others. Most of their play is *parallel play*. They play beside other children, not with them. They may simply watch one another. They may grab toys from one another. Or they may completely ignore one another. Their primary interest is in their own play, 10-15.

Toddlers feel very possessive of their own toys. Yet they do not understand why other toddlers feel that way. As a result, parents may have to act as referees during toddlers' parallel play. Because sharing is so difficult, toddlers need to have a few toys which are theirs alone and do not have to be shared. If toddlers are constantly forced to share all their toys, they may become even more possessive. They may need more time than usual to learn to share willingly.

Once in a while, older toddlers may participate in *cooperative play* where they actually play together. This kind of play is rarely sustained for long periods of time among toddlers. Their social skills (including the concept of sharing) are not well-developed, so cooperation is difficult.

Separation anxiety

A significant event in emotional and social development is the ability of toddlers to feel secure when they are separated from their parents. The ability to feel secure is achieved after a series of developmental stages.

At first, infants are generally happy as long as their needs are met. They respond positively to almost everyone. They do not seem to mind very much if they are alone in a room for short periods of time.

By about the age of eight months, babies change. They become wary of unfamiliar persons. They want their primary caregivers within view at all times. Their fear of being separated from their primary caregivers is called *separation anxiety*. It continues well into the toddler years.

Separation anxiety gradually diminishes as development continues. One factor that helps is the concept of *object permanence*. Late in infancy, babies begin to realize that unseen objects have not necessarily disappeared. As their understanding matures, they realize that their primary caregivers have not necessarily disappeared forever just because they are not within sight at the moment. Improved memory is another factor that helps toddlers overcome separation anxiety. They can remember other times that their primary caregivers went away and later returned. Advances in language skills help, too. Older toddlers are able to understand when parents explain that they are going to leave for a while and that they will return later. See 10-16.

To help their toddlers overcome separation anxiety, parents should try to be understanding and loving. After all, parents are the toddlers' security base. Without that base, toddlers feel lost, alone, uneasy, and helpless. By understanding how the toddlers feel, parents may be more willing to offer plenty of love, support, and security. Parents can also help by being truthful. When they have to leave, parents should tell their children when they are leaving and when they will return. If parents try to leave by sneaking out, they will create greater feelings of insecurity in their children.

Before parents feel too guilty about leaving their crying toddlers, they should check with the toddlers' substitute caregivers. Many toddlers possess great acting skills. They cry for their parents until they realize their parents have truly gone and will not return until later. Then their tears disappear. They turn their attention to the fun games being played by the baby-sitters or day care teachers.

Separations between parents and toddlers are unavoidable. Both parents and toddlers have to deal with them to the best of their abilities. Warm feelings of love and security when they are together will help ease the difficulties of the separations.

10-15 In parallel play, toddlers play near each other but have little interaction.

Learning their limits

As toddlers are learning to be independent, they must also learn that there are limits. This is an important stage for establishing parental control and initiating self-control. Children need to be taught behavioral boundaries. If they do not become familiar with them at this early stage of development, it will be harder for them to establish limits later in their lives.

Toddlers look to parents to provide guidance. They understand discipline better when it is consistent. This does not mean that limits cannot be flexible to meet some particular need or event. There may be times when an extra bedtime story is more important than watching the clock.

10-16 As Mommy waves bye-bye and the baby-sitter walks to the pool, the older toddler can understand that his mother will return. His separation anxiety is diminishing.

Parents often hear other parents warning them about the "terrible two's." Toddlers need many opportunities to assert their growing independence. They also need guidance and direction. Because these two needs are so different, conflicts are bound to occur.

Some amount of conflict is healthy. Toddlers need to learn that they cannot always have their own way. They have to learn about choices and decisions and how to deal with the results of choices and decisions. They have to learn to handle disappointment, frustration, and anger. Toddlers also need to experience the positive side of conflict. They should "win" some conflicts when there is not much at stake from the parents' point of view. They should be allowed to feel that their ideas and desires are worthwhile. These positive experiences boost their self-concept.

Although some amount of conflict is healthy, too much can harm family unity. Smart parents think ahead and try to avoid situations that would surely lead to conflict. For instance, smart parents do not offer a choice when there is no choice to be made. They don't ask, "Do you want to go to bed now?" Such a question would surely be answered with a loud, "No!" Instead, smart parents simply announce in a firm and positive manner that it is bedtime. Before their toddlers have a chance to answer negatively, the parents may offer a fun suggestion to distract them from the idea of bedtime. The suggestion of putting on favorite pajamas or reading a new story may pave the way for cooperation.

Toddlers expect firmness and caring guidance, but they may test the patience of parents at times. They may even push their defiance to the limit. Parents have to decide if they will use spankings to show that they are serious. Some parents choose slight spankings to reinforce their stands on rare occasions. Other parents choose to rely on psychological approaches. At no time should children be physically reprimanded when the parent is in a heightened emotional state. Any form of discipline needs to achieve results without making the toddlers too frustrated, causing them to behave even more negatively. Each child has to be treated as an individual. Discipline that is right for one child may be too strong for a more sensitive child.

Firm limits allow toddlers to sense that their parents care about them. Even young children comprehend this lesson. They feel more secure when they know their parents establish limits but give them guidelines and freedoms within those limits.

Temper tantrums

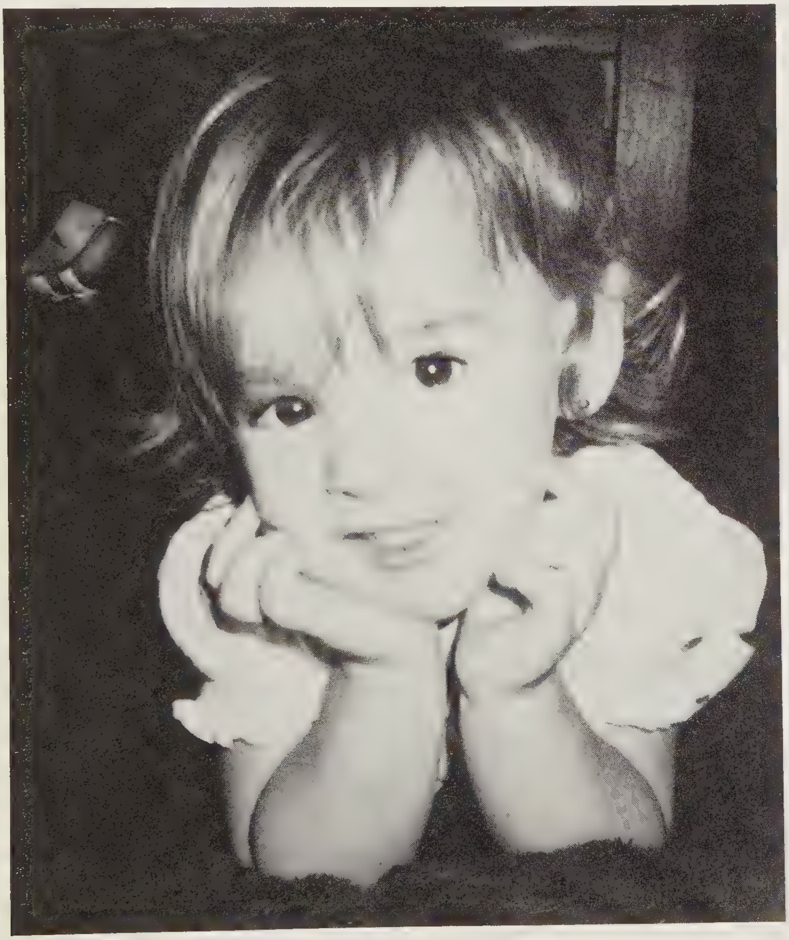
Temper tantrums are violent outbursts of negative behavior. Almost 70 percent of children in the late toddler and early preschool stages have them. Children in these stages are becoming increasingly aware of all the things they can do without their parents. They are also aware of, and frustrated by, the things they cannot do. They are still very young, but their desire for more freedom and more control of their world is evident. See 10-17.

10-17 A first haircut may be an emotionally trying situation. If it is scheduled when the toddler is hungry, tired, or ill, it may set off a temper tantrum.

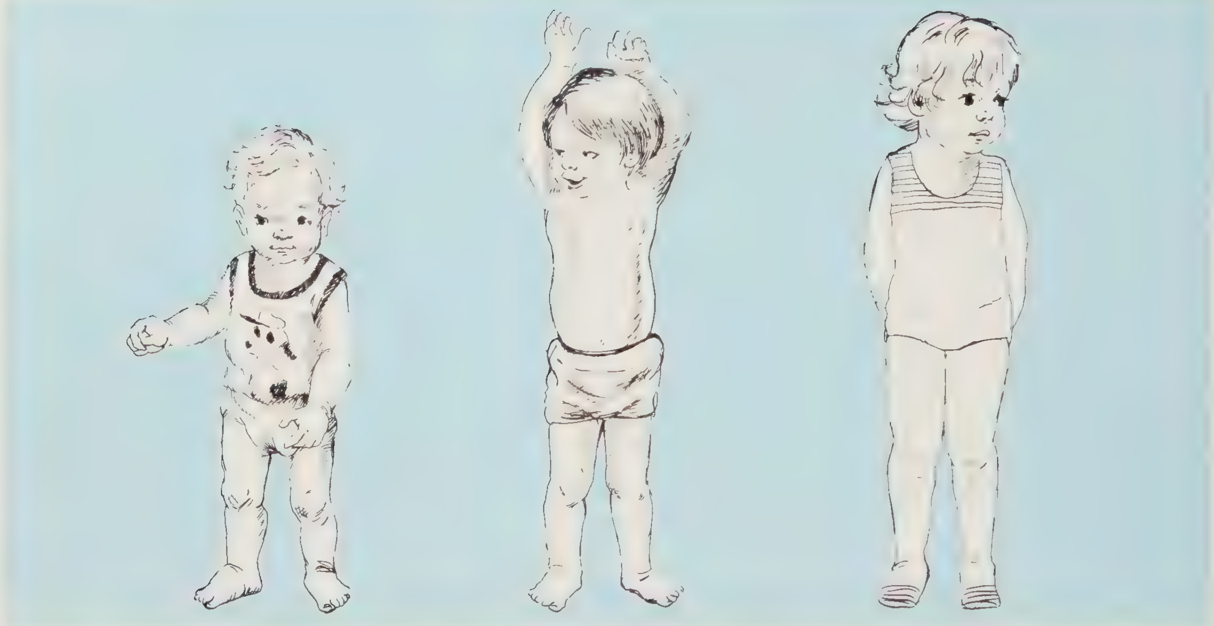
The best way to deal with temper tantrums is to try to avoid situations that cause them. A tired child or a tired parent or both may begin a disagreement which leads to a tantrum. Grocery store managers report that most of the temper tantrums they see occur in the hour before lunch and before dinner when children are tired and hungry. Parents who observe this would be smart to shop with their children at other times of the day. Sometimes behaviors which might have led to tantrums are detoured into constructive activities by parents who are alert and sensitive to the situations. Parents who are reasonable and meet their children's needs when those needs are reasonable usually are faced with relatively few tantrums.

If prevention fails and a tantrum begins, the parent's first duty is to see that the child does not injure himself or herself. Once a tantrum has begun, it must run its course. While waiting for the tantrum to pass, the parent should try to analyze what caused the tantrum. Then the parent can try to prevent another similar situation from occurring in the future.

After a temper tantrum, children usually need to be soothed and cuddled. They need to know that their behavior was bad, but that they are still loved. They should not be punished after a tantrum, nor should they be rewarded. Giving in to children's demands after tantrums only encourages the children to throw tantrums whenever they do not get what they want.



No parents can resist a toddler's charm.



Toddlers continue to grow quickly. By age three, a typical child will have grown to over half of his or her final height. Boys are generally taller and heavier than girls. The approximate change in height is from 30 - 31 inches to 35 - 37 inches (from 76 - 79 cm to 89 - 94 cm). The approximate change in weight is from 21 - 22 pounds to 31 - 33 pounds (from 9.5 - 10 kg to 14 - 15 kg).

PHYSICAL DEVELOPMENT*

13 to 15 MONTHS	**Large Muscle** May stand erect, with only slight support. May stand alone, without support, for a short time. ''Cruises'' along furniture. Takes steps while holding on to parents' hands. May be able to walk a few steps alone. Sits by collapsing when first taking steps. Crawls forward or backward with varying speed. Crawls over small barriers. May creep like a bear, with hands and feet in contact with floor. May climb up stairs on hands and knees. May be able to back down stairs. Can sit in small chair for a short time. Climbs on chairs, sofas, and tables. May climb out of crib, high chair, or stroller. **Small Muscle** Has improved grasping skills. Needs improvement in manipulation skills. Turns cardboard or cloth pages of picture books. Enjoys filling and emptying containers with small objects. Can open small, hinged box. Builds small towers of blocks. May try to turn doorknobs.

(continued)

These charts are not exact timetables for development. Individuals may perform certain activities earlier or later than indicated in the charts.

16 to 18 MONTHS	**Large Muscle** May be able to walk sideways and backward. Tries to walk on tiptoes. Stands on either foot, with support. Walks fast and runs stiffly. Walks into ball; is unable to kick the ball. Squats down smoothly from standing position. Jumps with both feet. Improves throwing motion, first using whole body, then using just arm movements. **Small Muscle** May show hand preference in all activities. Likes to grab anything and everything. Adds hand gestures to spoken language. Begins to scribble. Continues to enjoy filling and emptying containers and drawers. May turn knobs of radio and TV.
19 to 21 MONTHS	**Large Muscle** Walks sideways and backward. Runs without falling often. Walks up and down stairs with help. Responds rhythmically to music with whole body. Loves to run, jump, and climb. Jumps forward and in place. Hangs from bar, grasping with hands. Can kick large ball without stepping on it. Squats easily in play. Sits on floor, from standing position, quite easily. **Small Muscle** Holds two objects in hand easily. Builds taller tower of five or six blocks. Holds container in one hand, puts small objects into it with other hand, then dumps the objects out. Can fold piece of paper one time imitating demonstration. Uses one hand more than the other.
22 to 24 MONTHS	**Large Muscle** Walks with better coordination and more assurance. Walks sideways and backward with ease. Bounces and sways in simple dancing movements. Lacks ability to start efficiently or stop quickly while running. Likes to walk on low walls and perform other stunts. Can walk on tiptoes for a few steps. Alternates between standing and sitting positions easily. Can seat self in small chair with ease. Jumps with both feet off bottom stair. Can throw ball into basket. Throws ball overhead instead of tossing. **Small Muscle** Shows increased coordination in smoother hand and finger movements. Can put several blocks together to make a train, or can stack them to build a tower. Likes to play with modeling clay. Can open screw type closures.

(continued)

24 to 30 MONTHS	**Large Muscle** Improves motor skills as torso lengthens and baby fat begins to disappear. Enjoys running but is unable to measure sudden stops, so may collide with other people or obstacles. Climbs everywhere indoors, even in forbidden places. Climbs on jungle gym with fair amount of ease. Plays on swings, ladders, and other playground equipment. Kicks ball forward. Throws ball overhead, but without aiming. **Small Muscle** Turns doorknobs awkwardly. Can remove wrapping from gum and candy. Can carefully turn pages of book one page at a time. Likes to take lids off jars and screw them back on jars. Can soap hands and arms easily.
30 to 36 MONTHS	**Large Muscle** Likes to be in constant motion, running or walking sideways or backward. Enjoys games involving running. Goes up stairs by alternating feet, but goes down one foot at a time. Climbs quickly on jungle gym to reach the top. Climbs up slide ladder and slides down. Jumps from any elevated object, sometimes miscalculating height. Sits in adult chairs and may prefer these to smaller chairs. Throws ball overhead, but aim is still poor. Catches large ball with arms and hands out straight. **Small Muscle** Turns doorknobs with greater strength. Scribbles and draws circles as well as horizontal and vertical lines. Likes to paint using full arm motions combined with finger motions. Strings large beads. Builds towers of six or more blocks. Takes objects apart and puts them back together.

INTELLECTUAL DEVELOPMENT

13 to 15 MONTHS	**General** Begins to form concepts. Notices actions of other children and adults and loves to mimic all actions. Explores different features of objects as if studying them. Looks in correct place for toys that roll out of sight. Experiments and invents actions never tried before. Discovers ability to make things happen by own actions. Has very short memory and almost no forethought. Likes to look at picture books and pats recognized pictures. Shows interest in new textures by rubbing fingers over surfaces. Is able to fit round block into round hole in form board. **Language** Slowly increases vocabulary from three to four words to four to six words. May use sounds to indicate specific objects. Babbles and jargons with expression. Amuses self with vocal play. May attempt to imitate words others say. May repeat sounds without understanding the meaning of sounds. Responds to own name, comes when called. Understands directions such as "no," "come," "show me." Recognizes names of major body parts. Points to familiar toys or persons on request.

(continued)

16 to 18 MONTHS

General
Gradually refines concepts.
Is very inquisitive about everything.
Remembers where objects belong.
Begins to ''figure things out'' through thought process.
Has short attention span.
Tries to imitate the ways parents use objects.
Enjoys working with shapes on form board.
Scribbles more freely but also can imitate strokes in drawing.
Identifies simple pictures in book, such as ''ball,'' ''doggie,'' etc.

Language
Has vocabulary of six to ten words.
Uses words instead of gestures to express some wants, such as ''up'' or ''cookie.''
Imitates simple sounds on request.
Says ''no'' more often than any other word.
Obeys command, ''Give it to me.''
Responds to increasing number of verbal directions if combined with actions.
Responds delightedly to children's TV shows.
Understands more words than is capable of saying.
Identifies objects by pointing when requested.
Refers to self by name when asked.
Can point to own body parts on request.
May use two-word phrases.

19 to 21 MONTHS

General
Progresses from simple imitation to imaginative play.
Can remember familiar objects without needing to see them.
Can obtain familiar objects from different room when asked.
Places circles, triangles, and squares in form board.
Is interested in tiny things such as bugs.
Looks at books for longer periods of time studying pictures.
Associates tool with function it performs, such as hammer for banging.
Completes simple jigsaw puzzle of two to three pieces.
Likes to make marks on paper with big crayon.
Imitates simple actions on request.
Learns to distinguish different sounds and smells.

Language
Has vocabulary of 10 to 20 words.
Enjoys labeling objects and parts of body.
Responds to speech with speech.
Uses speech to get desired results.
Combines two different words.
Constantly asks, ''What's that?''
Enjoys hearing nursery rhymes.
Likes to respond to directions.
Understands some personal pronouns such as ''me.''

(continued)

22 to 24 MONTHS

General

Becomes interested in the outcome of activities rather than just the activities themselves.
Becomes interested in the precise placement of objects; enjoys form boards and simple puzzles.
Is curious about objects in environment; feels, squeezes, pulls and pushes objects.
Follows simple directions.
Is able to match familiar objects.
Identifies familiar objects on TV screen.
May distinguish between ''one'' and ''many.''
May be able to recall what is lost and where it might be.
Recognizes when picture in book is upside down.
May be able to draw crude pictures and interpret what they are.
Distinguishes between vertical and horizontal lines.

Language

Has vocabulary of 50 or more words.
Is able to ask for things using simple words.
Continues to ask, ''What's that?''
Is interested in sound repetition.
Understands more words than is able to use.
Substitutes some words for some physical acts.
Asks for food when hungry and water when thirsty.
Answers questions concerning the names of body parts.
Answers simple questions such as, ''Where is the doggie?'' and ''What does kitty say?''
Understands and asks for ''another'' and ''more.''
Listens to and enjoys simple stories.
Imitates parents' words and inflections.

24 to 30 MONTHS

General

Becomes increasingly interested in children's TV shows.
Understands cause and effect in terms of own behavior.
Is better able to plan a play activity and carry it out.
Is better able to use nearby objects in make-believe games.
Enjoys playing house and imitating family situations.
Likes to listen to tapes and records of stories and songs. Remembers sequence of stories and may be able to retell stories.
Is able to interpret pictures drawn or painted.
Likes to imitate drawings of older children.
Recognizes familiar signs in environment.
Solves problems by imitating past actions.
Distinguishes between ''before'' and ''after.''
Can follow two-step commands.

Language

Has vocabulary of more than 200 words.
Uses two-word sentences.
Refers to self by name; then learns to use pronouns.
Enjoys learning names for new objects.
Uses words to make requests.
Understands a few prepositions such as out, in, on.

(continued)

30 to 36 MONTHS

General
Begins to classify objects into general categories.
Uses symbolic representation in make-believe play.
Tries out various roles in make-believe play.
Tries new play activities to discover more about how things work.
Becomes more skilled in putting puzzles together.
Reveals intellectual curiosity in reading books and watching TV.
Can remember and follow three-step commands.

Language
Has vocabulary of more than 500 words.
Creates two to three-word sentences, including verbs.
Starts to use past tense and plurals.
Asks names of objects and repeats them.
May use prepositions.
Connects names and uses of objects.
Understands relative size (big and small).

EMOTIONAL AND SOCIAL DEVELOPMENT

13 to 15 MONTHS

Emotional
Shows pride in personal accomplishment.
Is more demanding and more self-assertive.
Likes to exhibit affection to humans and to objects as well.
Prefers to keep parent or caregiver in sight while exploring environment.
Demands personal attention.
May show fear of strangers.
Shows increased negativism.
May become attached to a special toy.

Social
Enjoys solitary play.
Enjoys play with older siblings or parents.
Shows preference for family members over others.
Shows off for an audience.
Is easily diverted and entertained.
Likes to go for buggy, stroller, or car rides.
Recognizes self in mirror and may communicate with sounds.

16 to 18 MONTHS

Emotional
Is still egocentric.
Responds to parents' emotional expressions by imitating them.
Is emotionally unpredictable and may respond differently at different times.
Hugs favorite toys and may carry them all the time.
May hug pets too hard when wanting to show affection.
Is unable to tolerate frustration.
May be less afraid of strangers.
May reveal negativism and stubbornness.
May exhibit fear of thunder, lightning, large animals, etc.
Enjoys ability to do things independently.

Social
Is very socially responsive to parents and caregivers.
Demands personal attention from family members.
Hands object to parent and awaits reaction expectantly.
Responds to simple requests.
Realizes different people react in different ways.
Enjoys sociable play before bedtime.
May punch and poke other toddlers as if they were objects.
Will perform for an audience.
Likes to chase and be chased.
Is unable to share.

(continued)

19 to 21 MONTHS

Emotional

May show increasing need for security object.
May direct anger at person responsible for frustration.
May reveal feelings of jealousy.
May become more possessive about toys, hiding them from others.
Likes to claim things as "mine."
Gives up items that belong to others upon request.
Begins to show sympathy to another child or adult.
Does not yet understand cooperation, but may be able to cooperate some of the time.

Social

Continues to desire personal attention.
Likes to help with simple household tasks.
Indicates awareness of absence of person by saying "bye-bye."
Likes to repeat experiences in simple terms.
Responds less quickly to requests, and may respond in opposite manner.
May enjoy removing clothing and is not embarrassed about being naked.
Enjoys dressing up in adult clothing.
May ask for permission to do things.
Reveals a sense of trust in adults.
Plays contentedly alone if near adults.
Likes to play next to other children, but does not interact with them.
Tries to imitate play activities of older siblings.
Engages in imaginative play involving daily routines such as eating or going to sleep.
Is able to play some simple interacting games for short periods of time.

22 to 24 MONTHS

Emotional

Displays signs of love for parents and other favorite people.
May express increased possessive attitude.
Is easily hurt by criticism.
Is afraid of disapproval and rejection.
Becomes frustrated easily.
May show some aggressive tendencies, such as slapping, biting, hitting.
May assume an increasingly self-sufficient attitude.
Has strong positive or negative reactions.
Wants own way in everything.
Recognizes own power to be effective.
May dawdle but desires to please parents.

Social

Is more responsive to adults, and is also more demanding of adults.
Shows genuine interest in mother-baby relationships.
Is occasionally hostile to sibling if frustrated.
Desires approval in social situations.
Still prefers to play alone, but likes to be near others.
Enjoys water play.
Likes to "dance" to music.
Engages in imaginative play related to parents' actions.
Uses own name in reference to self when talking with others.
Is continually testing limits set by parents and caregivers.
Likes to control others and give them orders.

(continued)

24 to 30 MONTHS	**Emotional** Continues to be self-centered. May exhibit increasing independence one minute and then run back to security of parents the next. Likes immediate gratification of desires and finds it difficult to wait. May exhibit negativism. Has trouble understanding sharing but may give back toy that belongs to someone else. Continues to seek parental approval for behaviors and accomplishments. Displays jealousy. May develop fear of dark; needs reassurance. **Social** Likes to play near other children, but is unable to play cooperatively with them. Becomes a ''grabber,'' may grab desired toys away from other children. Does not like to share toys. Has not learned to say ''please'' but often desires toys of other children. Likes to give affection to parents. May pull hair or bite before giving up prized possession.
30 to 36 MONTHS	**Emotional** May display negative feelings and occasional temper. May exhibit aggressiveness. May dawdle but insists on doing things for self. Likes to dress self and needs praise and encouragement when correct. Feels bad when reprimanded for mistakes. Desires parental approval. Wants independence but shows fear of new experiences. May reveal need for clinging to security object. May exhibit fear and needs reassurance in fearful situations. Needs an understanding, orderly environment. May have trouble sleeping if day's events have been emotional. **Social** Continues to feel a strong sense of ownership but may give up toy if offered a substitute. May learn to say ''please'' if prompted. Has increased desire to play near and with other children. May begin cooperative play. Distinguishes between boys and girls. Likes to be accepted by others. May continue to show aggressive actions in getting own way while playing with other children. Enjoys hiding from others. Likes to play with adults on one-to-one basis. Enjoys tumbling play with older siblings and parents.

to Review

1. The most noticeable changes during toddlerhood are in body proportions. Describe these changes.
2. Sitting down in a small chair is an accomplishment for a toddler. What skills does the toddler need to achieve this accomplishment?
3. Why do toddlers have difficulty walking with adults?
4. Name five tasks toddlers can do as they approach their third birthday because of their improved small muscle skills.
5. Define the term "life skills."
6. What are the primary goals for toddlers' mealtimes?
7. Should parents use food as rewards, bribes, and threats? Why or why not?
8. When should toddlers begin brushing their teeth? How many times a day should they brush their teeth?
9. What are the five steps involved in toilet learning?
10. What is the best contribution parents can make to the intellectual development of their toddler?
11. True or false. Toddlers' interests are usually focused on what is happening to others around them.
12. Give an example of how a toddler may use imagination in his or her play.
13. True or false. Making a toddler repeat a word over and over until the pronunciation is correct is a good way to help the child build his or her vocabulary.
14. True or false. Parents should not deprive their toddler of a security object, such as a blanket or stuffed toy.
15. What is parallel play? What is cooperative play? Which type of play is more common among toddlers?
16. List three factors that help toddlers overcome separation anxiety.
17. What is the best way to deal with temper tantrums?

to Do

1. Collect pictures of toddlers and their parents. Use them to design a bulletin board with the title, "Toddlerhood opens up a wonderful world."
2. As toddlers struggle to gain independence, parents have to decide when they should and should not give their toddlers help. Describe situations that may cause parents to be concerned and toddlers to be frustrated. Discuss positive and negative parental reactions to these situations.
3. Observe toddlers and look for examples of the following steps in development: walking backward, sitting, climbing, jumping, turning pages of books, putting nesting toys together, feeding themselves, learning to use the toilet, imitating others, using imagination, talking, struggling for independence, playing in parallel play and cooperative play, overcoming separation anxiety, and having temper tantrums. Discuss your observations in class.
4. With improved walking and grasping skills, toddlers become great explorers. Discuss safety practices parents should follow to protect their toddlers from danger.
5. Discuss ways in which parents can encourage their toddlers to learn life skills. Suggest times throughout a typical day's schedule when toddlers could be encouraged to learn new life skills.
6. As a class, make a list of possible teachable moments that parents can share with their toddlers.
7. Discuss the importance of parent-child interactions at all stages of language development.
8. Invite a child psychologist to talk to your class about separation anxiety, temper tantrums, and other aspects of toddlers' emotional and social development.

Toddlers express a variety of emotions.

The preschool years are full of fun and activity for parents and their children.

Parents and their preschoolers

This chapter will help you identify steps in the physical, intellectual, emotional, and social development of preschoolers. In addition, it will help you appreciate the individuality of preschoolers and recognize ways parents can encourage the development of their preschoolers.

Parents can't help but describe their preschoolers as charmers. Preschoolers are interested in everything. They are outgoing and full of questions. The preschool years can be great fun for both parents and children as they share the delight of new discoveries in their ever-expanding world.

Within any group of preschoolers, different levels of physical, intellectual, emotional, and social development can be seen. Each child is an individual, and each has different opportunities for learning new skills. Each child is surrounded by a unique group of family members and caregivers. Although each child's development is unique, certain patterns of development are common among preschoolers. In this chapter, typical highlights in the development of three, four, and five-year-olds will be described.

PHYSICAL DEVELOPMENT

Although preschoolers don't grow as fast as infants and toddlers do, they take giant steps in physical development. It is during the preschool period that children grow out of babyhood. See 11-1.

During the ages of three, four, and five children grow taller, leaner, and better coordinated. At the beginning of the preschool period, an average child is 37 inches (94 cm) tall and weighs 33 pounds (15 kg). At the end of this period, an average child is 46 inches (117 cm) tall and weighs 45 pounds (20 kg).

The proportion and shape of the child's body changes during the preschool years. The baby fat disappears, and the body assumes a more adult shape. The legs become longer and straighter. The abdomen remains large, and the chest becomes broader.

During the toddler years, children were busy learning new motor skills like walking, running, and jumping. During the preschool years, children learn more advanced motor skills like hopping and skipping. They also refine their skills, and their movements become smooth, controlled, and efficient.

Preschoolers need lots of active play to exercise their growing muscles. They put a lot of energy into their play, so they tire quickly. They also recover quickly and are soon ready to go again. Preschoolers' bones and joints are still somewhat soft and flexible. Parents need to keep an eye on children's activities since strenuous pulling and pushing could be harmful.

Large muscle development

Preschoolers are just starting to hop, skip, climb, and ride wheel toys. They enjoy practicing, for these newly learned skills are

11-1 A great deal of physical development occurs during the action-packed preschool years. A pediatrician may be called upon often for help and advice.

challenging for them. As they practice these skills, they take great strides in large muscle development, 11-2. Children at this stage also thrive on repetition of a newly acquired antic. When one playmate tries something new, all the children are soon following suit, over and over again. This is how they learn new skills as well as refine and improve their body control.

Parents can encourage their preschoolers' large muscle development in several ways. They can make sure their children have plenty of running room in safe and supervised areas. They can take their children to parks to play on swings, jungle gyms, and other play equipment. They can watch for signs that their children are ready to try a new skill and then help them. For instance, a child may climb on a tricycle and then be frustrated if it doesn't move. A parent can show the child how to move the pedals so the child can learn to ride the tricycle. Another way parents can encourage their preschoolers' development is to be generous with praise. Preschoolers are eager to please. They like to show off their new skills to an appreciative audience. They seek approval, and when they get it, they will happily repeat a stunt they have just mastered. Or they may even try a new more challenging stunt.

Three-year-olds delight in active play that challenges their developing motor skills. For instance, they like to add swerving to their running style. Instead of running in a straight line, they swerve from one side to the other while keeping their balance. In addition, they like to stop suddenly and change direction. They can hop on both feet and jump from a height of 18 inches (46 cm) without help. They may try walking on their tiptoes for a change of pace. They can use alternate feet going up stairs, but they may still feel more secure placing both feet on the same step coming down.

11-2 Physical play is fun and challenging for preschoolers.

The ball playing skills of three-year-olds show slight improvement. Children at this stage throw a ball by pushing it with their arms and shoulders. Their motions are rather awkward, and their aim is wild. They catch a ball with their arms held out straight. If the thrower is skillful enough to land the ball on their arms, they can usually hold on to it. Luckily, preschoolers are not discouraged by their clumsiness. They love to play games that challenge their physical skills. All their practice eventually is rewarded with better coordination and improved skills.

By the time they are four, children are becoming more adventuresome. They add their own new challenges to their activities. They test their improved balance by whirling around, turning somersaults, and hanging upside-down, 11-3. They enjoy riding pedal toys, gaining speed as they grow stronger. They can hop several times in a row and may even combine running and hopping in a "long jump."

Parents may witness some hair-raising stunts by their four-year-olds. They love to climb up a slide instead of using the ladder. They scramble to the top of the jungle gym to be king of the hill. And they jump off a porch instead of walking down the steps. Bumps and tumbles are inevitable, but preschoolers are usually so busy refining their skills that they do not stop long for sympathy.

By five, preschoolers are able to perform more gracefully with less wasted motion. They run, swerve, and turn corners with even greater speed and smoothness. Their running turns to racing anytime a parent or a friend will accept their challenge. They enjoy competitive games of all kinds and may even set up their own versions of simple obstacle courses.

Five-year-olds can separate control over different parts of their bodies. This can be seen in the way they throw and catch a ball. By five, they draw their arm back and use their body weight to project the ball. When catching the ball, their elbows are now held at their sides. With improved body control, five-year-olds can hop on alternate feet. This ability allows them to add skipping to their list of motor skills. Skipping rope becomes a favorite activity.

Most five-year-olds are ready to try riding bicycles with training wheels. Learning this new skill is exciting for both parents and children, 11-4. Once children take off and feel comfortable with this new kind of balance, they enjoy praise for their accomplishment.

Small muscle development

Three-year-olds are still emerging from the baby stage of handling things. Even though their pincer grasp has long been refined, the way they use their hands is still rather clumsy. They can build towers of blocks, placing each block with much concentration, but most of their towers are crooked. They can recognize shapes and positions on a form board, but they have trouble fitting objects in the board. Rather

11-3 The stunts four-year-olds do challenge their improving sense of balance. The stunts also challenge parents' ability not to panic.

than turning an object to the correct position, they may try to force it in.

Three-year-olds hold pencils much like adults do. They can draw circles, crosses, rectangles, and triangles. They like to tell stories about these drawings, some of which may crudely resemble people.

Four-year-olds are much more precise with their small muscle skills. When building block towers, they try to place the blocks neatly. In fact, they may become so interested in a straight-sided tower that they upset the blocks they had already stacked. Their drawing skills improve, but many of the figures they draw look like tadpoles with very large heads. They may start adding small lines to these shapes to represent arms and legs. Four-year-olds are fascinated with scissors. They may try to use any scissors they find, sometimes cutting whatever is in sight with disastrous results. Parents need to supply preschoolers with rounded-end scissors and keep their own sharp-pointed scissors out of reach.

Five-year-olds expand their manipulative skills a great deal. With improved eye-hand coordination, they have much better control of

11-4 Learning to ride a bike is a proud moment for a child nearing the end of the preschool period.

their hands and fingers. They are no longer content with towers. Now their construction projects include bridges, houses, and churches with steeples. Some five-year-olds show an interest in working with tools. If they show this interest, parents would be wise to provide them with their own child-sized tools. Adult-sized tools are often safety hazards. Other safety tips are illustrated in 11-5.

Handedness

Most children begin to show a preference for using one hand rather than the other sometime around their first birthday. The preference is usually definite by age three. Most children are right-handed, but children who show a preference for using their left hand should be allowed to do so. Trying to force children to use their right hand will only frustrate them. Most schools allow children to use whichever hand they prefer. Parents can help by showing a child who seems to prefer the left hand how to do various tasks in the most comfortable way. For instance, writing is more comfortable when the paper is positioned with the lower left-hand corner of the paper nearest the body.

Left-handed children may have some problems in a right-handed world, but they can be encouraged to adapt to produce desirable results. In general, parents should not try to force their children to be right-handed. Instead, parents should watch for signs of hand preference. Then they should encourage their children to refine their hand coordination using whichever hand they prefer.

Life skills

Parents are encouraged by the improving life skills of their preschoolers. During the preschool period, children learn to handle most of their eating, dressing, and grooming tasks by themselves. These achievements please both the children and their parents. But life skills are not achieved without effort. Children need lots of practice to refine their large and small muscle movements. Parents need lots of patience to help and encourage their children without pushing them to the point of frustration. As in all parent-child interactions, love, understanding, cooperation, and clear guidelines lead the way to success.

Eating. By the time children reach the preschool stage, certain family rules about food will be established. These are a couple of good ones: Food should not be related to emotions. The table should not be a battleground. If parents and children have adopted these rules, mealtimes will probably be quite pleasant.

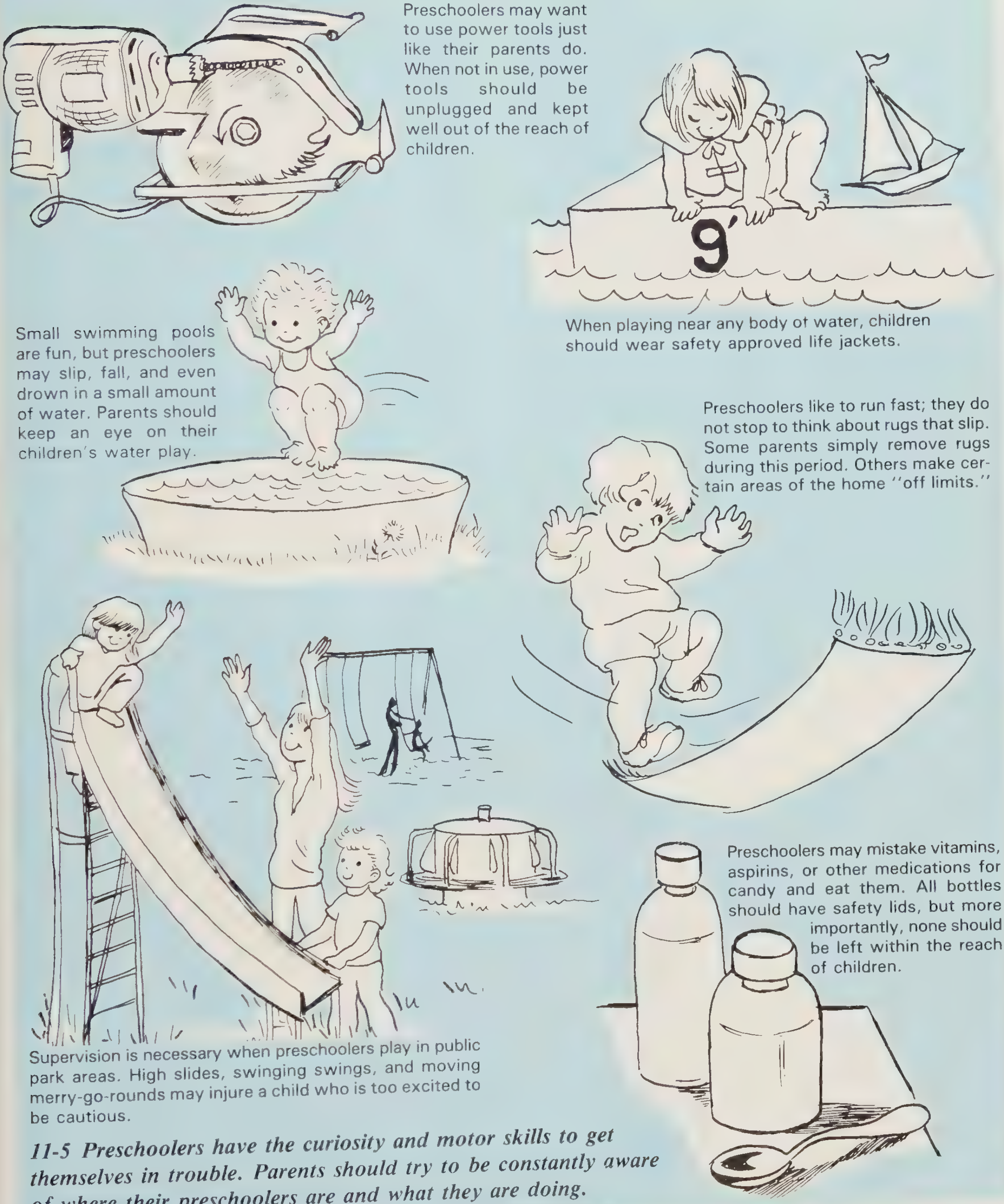
Preschoolers are ready to begin learning table manners. They will follow the examples set by their parents and siblings. If they see mealtimes as pleasant, sharing family experiences, they are likely to behave well. The mood and atmosphere can enhance or depress children's appetites. Regular mealtimes and nutritious foods help preschoolers develop good eating habits. Snacks may be allowed as long as they do not interfere with children's appetites for regular meals. Nutritious snack items such as fresh fruit or whole-grain crackers are preferred.

Preschoolers can generally eat the same food as the rest of the family. Parents should not have to prepare special foods for them just because they may not like what is being served. Hungry preschoolers can learn to eat what is on the table.

On the other hand, parents should accept the fact that preschoolers are well-known for their food fads. They may suddenly refuse a food they used to like. They may ask for a certain food, like breakfast cereal, for both breakfast and lunch several days in a row. The fads will pass with time as long as they are not blown up out of proportion. A parent may be willing to serve bowl after bowl of breakfast cereal to please a child. That same parent may refuse to prepare a cheese soufflé for three meals in a row. Common sense is one of a parent's best guidelines.

Introducing new foods to preschoolers is sometimes difficult. Success is more likely if just a small amount of the new food is served along with other foods the children like. Also, preschoolers are more willing to try a new food if they have seen a friend or favorite grandparent eat it.

Children may cause fewer problems at mealtimes if they are involved with the shopping and



DANGERS AND SAFEGUARDS DURING THE PRESCHOOL YEARS

Preschoolers may want to use power tools just like their parents do. When not in use, power tools should be unplugged and kept well out of the reach of children.

When playing near any body of water, children should wear safety approved life jackets.

Small swimming pools are fun, but preschoolers may slip, fall, and even drown in a small amount of water. Parents should keep an eye on their children's water play.

Preschoolers like to run fast; they do not stop to think about rugs that slip. Some parents simply remove rugs during this period. Others make certain areas of the home "off limits."

Supervision is necessary when preschoolers play in public park areas. High slides, swinging swings, and moving merry-go-rounds may injure a child who is too excited to be cautious.

Preschoolers may mistake vitamins, aspirins, or other medications for candy and eat them. All bottles should have safety lids, but more importantly, none should be left within the reach of children.

11-5 Preschoolers have the curiosity and motor skills to get themselves in trouble. Parents should try to be constantly aware of where their preschoolers are and what they are doing.

preparing of food. See 11-6. Children who learn about how food looks and smells and how it is cooked are likely to have fewer food dislikes. At the grocery store, parents may want to point out certain foods, explain how they are grown or manufactured, and describe how they will be prepared and served. When children help pick out fruits and vegetables, they may enjoy eating them more. Children who help make peanut butter sandwiches are more likely to eat them. Children may drink more milk if they are allowed to pour it from a small lightweight pitcher into a sturdy plastic mug.

Dressing. Children are individuals. This simple fact is obvious in all areas of development, including dressing skills. Some children advance quickly in small muscle development. They learn to work buttons and zippers earlier than other children. Some children are more interested in running and jumping than in getting dressed, so they learn dressing skills more slowly. Still other children are so determined to be independent that they insist on dressing themselves at an early age.

Wise parents learn to watch for teachable moments. When children show an interest in dressing skills, parents can be ready to help them learn those skills. Children's first attempts at getting dressed are slow and clumsy. (This is true even though children may have been undressing quite easily for months.) Pants may go on backward, and shoes may end up on the wrong feet. Parents must try to remain calm, patient, and encouraging. Trying to hurry children only makes them feel discouraged and frustrated. Laughing at their efforts hurts their tender feelings. Making negative comments lessens their desire to want to learn.

Parents need tact to help their children without pushing and interfering. Patience and encouragement are the keys. When a child is having trouble with a shirt, a parent may want to take over. The shirt would end up in place, but the child would have lost a chance to learn. A better solution would be a calm explanation of what to do and a reassuring, "You can do it." When the child succeeds, his or her efforts should be praised.

Difficult tasks like tying shoelaces may be broken down into simple steps. As each step is mastered, children gain confidence, 11-7.

By the end of the preschool years, most children can get dressed by themselves. They can handle buttons, zippers, and shoelaces. They are ready for school where they will need little if any help in dressing from their teacher.

Grooming. Preschoolers still need guidance and assistance in some grooming tasks. They need guidance at least once in a while to make sure they brush their teeth thoroughly. They need help shampooing their hair and cutting their fingernails and toenails. They can handle other tasks, like washing their face and hands, by themselves. If they have a simple hairstyle, they enjoy combing their hair while watching themselves in a mirror.

At the beginning of the preschool period, children may still need some help using the toilet. But if they have learned to recognize the need to go to the bathroom, they have taken a big step. Clothes that are easy to remove help them become more independent. By the time they are five, most children can use the toilet and get dressed again by themselves. These skills are necessary for children who enter kindergarten at this age.

Enuresis

Enuresis, or bed-wetting, is a problem that affects some children during the preschool or early school years. Almost every child has an occasional accident at night. If the child is reassured, not punished, the problem has a better chance of disappearing.

Incomplete toilet learning may be the cause of enuresis in a young child. If the problem is disappearing gradually, parents may just need to be patient and reassuring. If the problem continues, a pediatrician may be able to offer parents advice on how to help their child learn to use the toilet.

Enuresis may also be caused by physical or psychological factors. Possible physical causes include improper functioning of the bladder, the sphincter muscles, or the urinary tract. These factors can be checked with a medical exam. If the exam shows no physical cause, the problem can best be treated with additional emotional reassurance.

A common psychological cause of enuresis is a new stress in the life of the child. If bedwetting is treated as a distress signal, parents will realize that the child may need more comfort and reassurance. Then the problem is more likely to disappear. Parents who punish and belittle a child for wetting the bed may make the problem worse. A cycle may develop. The child is upset and wets the bed. Then the parents become angry. Then the child is more upset and wets the bed more often. If the parents become even more angry, the situation may lead to child abuse. This does not have to happen. Parents who realize the cause of enuresis can help their child find a solution.

INTELLECTUAL DEVELOPMENT

Children's intellectual development progresses in an orderly way. Children construct

11-7 Five-year-olds may be able to tie their shoelaces if they have been shown how to do this in a step-by-step process.

11-6 Children who are allowed to help in the kitchen are likely to have fewer food dislikes.

their own concepts; they do not simply accept ready-made concepts and principles. Preschoolers find it hard to look at things from another person's point of view. Their favorite question is, "Why?" They need to understand before they are ready to believe. Parents sometimes say they can almost see their preschoolers thinking, 11-8.

Preschoolers are most interested in their immediate surroundings and what is happening at the moment. They are keenly aware of the environment and study it with all of their senses. This makes them delightful companions on family outings and vacations. They smell odors and hear sounds that adults would not notice on their own.

Three-year-olds are intent upon finding out about the size and shape of everything, what purpose each thing serves, and how it works. They use what they learn to classify objects. Their increased knowledge about the world helps them enjoy humorous situations. They laugh at silly ideas such as hiding a giraffe under a table or teaching a fish to fly.

Parents find that they can begin to reason with their three-year-olds. Children at this age have the language skills to listen and the intellectual skills to understand. They are beginning to learn the concept of cause and effect. They may carry this to extremes, wanting to know the cause of everything that happens. They constantly ask, "Why?" Their questions may irritate adults, but children need answers to their questions in order to learn about the world. Without explanations from adults, children often draw incorrect conclusions about what they see and hear.

Three-year-olds have vivid imaginations. They are not always sure where reality ends and fantasy begins. They love adventure stories and will connect many stories with themselves. They may say, "I chased a lion," or "I'm going to climb as high as Jack in the bean stalk!" Parents should not confuse children's tall tales with lies, for children at this stage do not intend to lie. Sometimes parents may want to play along with the children's stories. Parents may add to the stories, making them so silly that children end up laughing. At other times, parents may want to help their children sort fact from fiction. They may listen attentively and then ask, "But you didn't really see a monster in the garage, did you?"

Four-year-olds are aware of their growing abilities and may even remind their parents, "I'm not a baby anymore." As their reasoning matures, they arrive at logical conclusions that often amaze parents.

The line between fact and fantasy is still hazy for four-year-olds. They have great imaginations and love to tell tall tales. At the same time, their memories and language skills have improved so they can repeat factual stories with accurate details. Parents have to stay alert to know which stories they can believe. A problem may arise with the telephone. Most four-year-olds like to answer the telephone. The messages they take are usually, but not always, reliable. Preschoolers may be so fascinated with the telephone that they pick it up even when it has not rung. Some are content to listen to the dial tone. Others may try dialing or pushing buttons until they find someone who will talk to them. This gives opportunities to parents to talk with their children about what they can and cannot do. Firm limits and consistent discipline help children learn to control their behavior.

Time is a difficult concept for preschoolers to understand. They relate the word yesterday with anytime in the past, from several hours ago to several days ago. They recognize the word tomorrow as a time to come, but they do not know how far away that time is.

Five-year-olds appreciate humor and unusual situations. They may become engrossed in television programs and roll on the floor at some funny episodes. Their attention span is lengthening, and they are ready for the somewhat structured learning situations of preschool or kindergarten.

Five-year-olds are ready to learn about right and wrong. A year or two earlier, they could not understand why they could scribble on paper but not on walls. By five, they more readily understand that some things are right and some things are wrong. They accept the fact that there are some things they are not allowed to do. They begin to understand rules, even though they do not understand the principles behind the rules. Children this age learn that if they disobey rules they will be punished. This is an age when parents can help their children learn to control their own behavior. Parents can show children that their behavior produces results that affect other people.

The development of symbolic thinking during the preschool period allows children to use materials around them in a variety of interesting ways. Preschoolers play with a lot of imagination. Parents are often amazed at their ability to express creativity through symbolism. A stuffed bear becomes a baby they can cuddle or scold. Small pieces of paper become tickets they can use to ride a train they have constructed from boxes. Plastic cups become telephones simply by putting them up to their ears. Big empty boxes have lots of possibilities, as shown in 11-9.

The kinds of learning experiences that preschoolers have affect their overall intellectual development. Alert parents can sense and make the most of the teachable moments of the preschool years. Preschoolers are inquisitive, and they want to figure things out. Learning games during these years can provide valuable intellectual growth opportunities. They also can promote a positive attitude toward the desire to learn.

Language development

The preschool period is a time of great advances in language skills. Children learn to express their feelings and thoughts more clearly. They learn to add an "ed" ending to verbs when speaking in the past tense. For instance, they may bring a broken toy to a parent and say, "It breaked." Although the grammar is wrong, they are learning to talk about things that have

11-8 Preschoolers learn by doing. By playing with water, they learn that water dissolves sugar and removes mud but does nothing to ink.

11-9 With improved skills of symbolic thinking, a preschooler can turn a couple of old boxes into a house with an attached garage.

happened in the past.

During the preschool period, children's speaking vocabularies will grow from about 900 words to about 2200 words. Their sentences will lengthen from three or four words to several words. Eventually, they will add conjunctions like "and" or "but" to make even longer sentences. This also shows that they can connect two related facts such as, "I fell down and hurt my knee."

Preschoolers use language to ask questions, to talk about imaginary situations, and to exchange ideas with their parents, caregivers, and peers. They use language to label and classify things. They love to repeat new words which identify objects in their environment. When they see the moon, they may say, "The moon is up, up and looks like a big ball." Preschoolers also use language to get things they want and to control the behavior of others. They say, "Gimme a cookie," when they are hungry or, "No, no, that mine," when a playmate tries to take a toy.

Although their vocabularies are growing, preschoolers still understand many more words than they actually use in conversation. Therefore, parents should not take their language skills for granted. Any conversation within a preschooler's hearing range is likely to be understood. Or at least the child will try to understand it. Misinterpretations and misunderstandings are common among preschoolers. Children may worry when they overhear adult conversations with phrases like these: "I could have kicked her . . . ," "I almost died when . . . ," and "I thought he'd never come home . . . ." Children are learning the literal meanings of words. They do not yet understand exaggerations or slang expressions.

As with any other area of development, parents may worry about some apparent language problems of their preschool children. Many of these so-called problems are so common that authorities believe they really aren't problems at all. Still, they may cause concern for some parents.

Stuttering may appear in some children's speech patterns during the preschool years. In most cases, the problem is really one of learning how to express themselves. Their thoughts are more advanced than their vocabularies and speaking skills. As a result, they may inject long pauses in their sentences. They may stop in mid-sentence and then start again. Or they may repeat one sound or one phrase. Preschoolers may say, "I g-g-g-go outside," or "Let-let-let me have a cookie." Usually these are temporary problems, and parents should not become overly concerned. The less attention parents focus on temporary problems, the sooner they will stop.

Some preschoolers may begin stuttering to get attention. Other children who hear a playmate stutter may try to imitate the sounds. Parents who give commands such as, "Finish what you are saying," or "Stop stuttering," increase the problem. Allowing enough time for a child to talk, without calling attention to the problem, may help. Parents should not try to push or speed up the flow of speech of their preschoolers. That kind of pressure may tend to create more serious stuttering problems.

Lisping may occur because preschoolers still have difficulty pronouncing some sounds, such as "s" sounds. Most lisping problems are not serious and are quickly self-corrected. Parents who are concerned should discuss this with their pediatrician or family doctor. If the child seems to have a problem, a checkup with a speech therapist may be recommended. The earlier a problem is detected and treated, the easier it is to correct.

Most parents experience their preschoolers' fascination with "toilet talk." Using toilet talk is one way preschoolers can be sure to get laughs from their peers. They sense it is forbidden, and they are thrilled by the reactions of their parents or caregivers. Calling someone a "pee-pee-poo-poo" is sure to get attention from adults and giggles from friends.

Parents cannot stop all toilet talk. Preschoolers use it when they play together. However, parents do not have to allow such language. If parents explain that those words are not to be used around them or other adults, children will get the message. Parents should try to be calm and firm about this, not outraged and emotional. (If children find out that certain words truly upset their parents, they may use them just to frustrate their parents.) Some parents solve the problem by suggesting substitute expressions which are not so repulsive to hear. "Goodness sakes" is an adult expression which children like to pick up.

Baby talk may still be used by some children after they are capable of using correct language. When they are tired, they may resort to expressions which worked when they were smaller such as "Bobby up." Parents can help by gently encouraging children to talk in a more appropriate way. Parents should not encourage these baby expressions because they are cute. As children associate with others, they may have trouble making themselves understood, and other children may make fun of them.

In some homes, children grow up hearing two languages being spoken. This may have both positive and negative factors. On the positive side, children may be able to learn a second language more easily when they are young, and the ability to speak two languages is valuable. On the negative side, children who grow up in bilingual homes may have trouble learning the fine points of either language. Parents need to decide which language will be the primary one used in the home. In making this decision, parents should think about which language will be most useful to the children throughout their lives.

Reading and math skills

A good way to enhance children's language development and further their reading skills is to read to them. Parents can introduce their preschoolers to letters by reading "alphabet" books. Another way is to help them become aware of the use of letters in the things they see around them. Many parents teach their children to recite the alphabet. There is nothing wrong with this. However, children learn more about letters and their sounds when they connect the letters with words. See 11-10.

11-10 As children learn about the sounds letters represent and the words letters form, they are preparing to learn how to read.

Reading to children gives parents opportunities to expand their children's curiosity and awareness. It also gives children a greater incentive to want to learn to read by themselves. Storytime is a wonderful, cuddly time for sharing. It is the basis for many treasured memories of both parents and children, 11-11.

Most preschoolers learn to recite numbers long before they can actually count, 11-12. Reciting the numbers from one to ten for Grandma and Grandpa does not indicate an understanding of what numbers represent. Preschoolers may point to different blocks as they say the numbers from one to ten. But they may touch one block several times and look confused when there are some blocks left after they have said "ten."

Holding up fingers to answer the question, "How old are you?" is one of the first lessons in what numbers really mean. Children know, for instance, that after their birthday, they may hold up one more finger.

Preschoolers gradually sense quantitative thinking. Most five-year-olds know that six blocks are "more than" four blocks. They also are smart enough to take three cookies instead of just one. Eventually, they learn more number concepts. When they can follow instructions to take two toy cars outside, eat five bites of apple, and build a tower of seven blocks, parents will know they understand numbers. If parents are enthusiastic about these basic math concepts, they may help set the stage for their children's success in future math challenges.

EMOTIONAL AND SOCIAL DEVELOPMENT

Preschoolers' advances in physical and intellectual development are the most important factors in their social and emotional development. They use their new physical skills as they

11-11 Storytime is a time for sharing and for encouraging a child's interest in books.

play and interact with parents, siblings, and peers. They feel more confident of their hand movements and coordination. Their improved language skills allow them to express their thoughts and feelings as they communicate with others. If children are surrounded with love and understanding, their self-esteem grows stronger. They learn to become more self-reliant. They are still egocentric, but they begin to sense that other people are individuals, too, with their own needs, wants, and feelings.

Three-year-olds usually have sunny and cooperative personalities. Their frustrations lessen as their physical skills improve. Three-year-olds still seek comfort and security from parents, especially when they are hungry or tired. They are relatively agreeable to parental requests. In fact, they enjoy doing things for their parents, and they love the approval and praise they receive in return. They are learning to take turns and are practicing give and take. Parents find they can reason with their three-year-olds.

Three-year-olds make friends easily. They often prefer cooperative play (play involving interactions among playmates) to parallel play (play beside playmates). They may express a preference for one friend over another. For instance, they may tell a friend, "You can come to my birthday party, but Johnny can't come."

As preschoolers become more mature, they display their anger verbally instead of physically. Shouting, "I don't like you," is an improvement over their previous hitting and kicking

11-12 Preschoolers may recognize the sequence of numbers as they play hopscotch, but this does not necessarily mean they know what numbers represent.

routines. Three-year-olds, however, are happy much more often than they are angry. They like others to be happy, too. They often try to comfort playmates who are hurt or upset.

Three-year-olds may reveal new fears of the dark such as the bogeyman. They may also be afraid of animals and thunderstorms. Children at this age have vivid imaginations. They often invent frightening creatures in their minds. Parents should never encourage fears with threats of the bogeyman or with scary stories. Instead, parents should be ready to offer love and reassurance to calm their children's fears.

Four-year-olds may not be as pleasant as they were at three. Their emotions seem less controlled. They may be more impatient, defiant, and selfish. They may argue and quarrel more with playmates. They strive for more independence and are resentful if they feel they are being treated like a baby. Parents need to respect their desires to do more things on their own.

Although four-year-olds show an increased interest in friends, they are still bound to their homes and families. As they play together, they may boast about who has the biggest house, the strongest dad, or the smartest mom. A four-year-old needs to feel that he or she occupies a special place in the family—one that nobody else can occupy. Four-year-olds often ask their parents for approval, as if they are trying to prove to themselves that they are worthy of their parents' love.

Four-year-olds like cooperative play. They are learning to ask for things instead of just grabbing whatever they want. They may even offer to share their possessions with a special friend. On the other hand, cooperative play does not always work with four-year-olds. Sometimes they are too bossy or too inconsiderate. For example, they may suggest taking turns but run ahead of their playmates instead. Or they may try to prevent a child from joining their group, 11-13.

Four-year-olds tend to resent being told how to do things. They like to think they know it all and can do it all. They may refuse to accept responsibility for mistakes or misdeeds by blaming someone else, often an imaginary companion.

Luckily for parents, four-year-olds eventually turn five. Once that happens, they seem to become more peaceful and cooperative. Their emotions are more settled. They are more patient, generous, and conscientious. They are more reasonable in a quarrel, for they have developed a sense of fairness. They have become more realistic and practical.

Five-year-olds continue to depend on parents for emotional support and approval. They ask permission before they begin new activities. They are very proud of their parents and delight in helping them. When they are asked to perform some little chores, they feel really good about themselves. They may reveal a protective nature toward younger brothers and sisters. They may even volunteer to entertain younger siblings for short periods of time, 11-14.

Five-year-olds are very social and talkative. They prefer friends their own age and most often their own sex. Their friendliness attracts playmates, and they may develop strong friendships. They may pick a best friend. Five-year-olds are more respectful of the property rights of their playmates, so there is less quarreling. When they become angry, they are more likely to call names than to strike blows.

Preschoolers are great mimics. They love to model their behavior after what they see others do. Children shape their ideas of sex roles during the preschool period. Most children, by the end of this period, have developed a clear sense of being male or female. Their ideas of sex roles are conditioned by what they see in their homes. They may see traditional, nontraditional, or mixed roles. The most important thing is to see parents who enjoy their roles no matter what activities they do.

Another development of the preschool period is a child's emotional attachment to the parent of the opposite sex. A little girl may show an increased delight in charming her father. A little boy may show an increased desire to be near his mother. Psychologists call this the *Oedipus complex* (from Greek mythology). These attachments are probably helpful in setting the stage for the adult roles of husband and wife. Parents who treat these attachments as a normal phase of development will not overreact. They will not allow jealousy to interfere with their efforts to maintain a healthy marriage. Eventually, children will outgrow this stage. Their interests will turn to schoolwork and peers. They will try to be just like other children of their own sex rather than like their parents.

The importance of play

Children learn as they play, and they play as they learn. To children, learning and playing are the same. They do not think of them as separate activities.

Children need to play, just as they need to eat and sleep. They need active play for their physical development. It helps them achieve large muscle skills as well as coordination and balance. Children need to play with a variety of objects to further their intellectual development. Through play, they learn to think, reason, and expand their curiosity. Toys that can be pushed, pulled, rolled, or thrown help

11-14 "Reading" to his younger brother makes this preschooler feel that he has an important role in his family. It also gives him a chance to show off his growing vocabulary.

NORTHAMPTON
COLTS

11-13 Four-year-olds are sometimes inconsiderate. They may refuse to allow another child to play with them.

them learn basic scientific concepts. Household objects can help them learn some of the basic concepts of arithmetic—more, less, empty, full, bigger, smaller. See 11-15. Play with other children encourages emotional and social development. They learn how to get along with others, how to express their feelings, how to take turns, and how to share.

Play does not have to be planned and structured to be valuable. Parents can help their children make games out of everyday experiences. Drawing on a chalkboard in the corner of the kitchen while parents are preparing dinner may be a lot of fun. Stacking plastic bowls and sorting canned goods are other types of play. Children may enjoy fluffing pillows and helping to make beds. Serving a cup of tea to their parents as they are playing house delights children. It also shows children that their parents are interested in their activities.

Play that involves fantasy or imagination is important for preschoolers. It allows children to try things out mentally just as they do in physical play. See 11-16. Acting out an experience helps children sort out their thoughts and feelings. It is also an excellent way for parents to introduce children to a new experience they will face in the near future. If a trip to the zoo is planned, for instance, parents may act out how they will walk around the grounds and describe animals they will see.

Preschoolers typically reveal *alternate play behavior.* They do something and then wait for a response from their playmates. They will then repeat the activity again and again, waiting each time for a response before continuing.

Many preschoolers spend quite a bit of time in solitary play. When alone, they use their imagination to think of their own play activities. They are very social by nature, however, so they may often prefer to play where they can interact with their parents.

Playing with siblings or peers is fun and educational for preschoolers. Yet disagreements are bound to happen. Most of the time children can settle their own differences, but an adult may be needed to settle serious disputes.

Children's self-esteem is strongly influenced by the positive and negative reactions of their peers. If they are accepted by their playmates, they tend to be pleasant and cooperative. If they are rejected by their playmates, they are more likely to be disruptive and uncooperative. Parents should try to avoid reprimanding a preschooler in the presence of his or her friends. If friends make fun of the reprimanding scene, the child's self-esteem may be damaged, 11-17.

Preschoolers are competitive in their play activities. Each tries to outdo the others. In their games, they like to win prizes. This competitive spirit may be encouraging for some. The child who never wins, however, may feel hurt and develop a damaged self-image. Parents need to be aware of competitive games that create damaging "loser" images. Games in which everyone has a chance to succeed may be better in some situations.

11-15 Pouring liquid from one container to another helps this preschooler learn basic concepts that she will be able to apply later in science and arithmetic lessons.

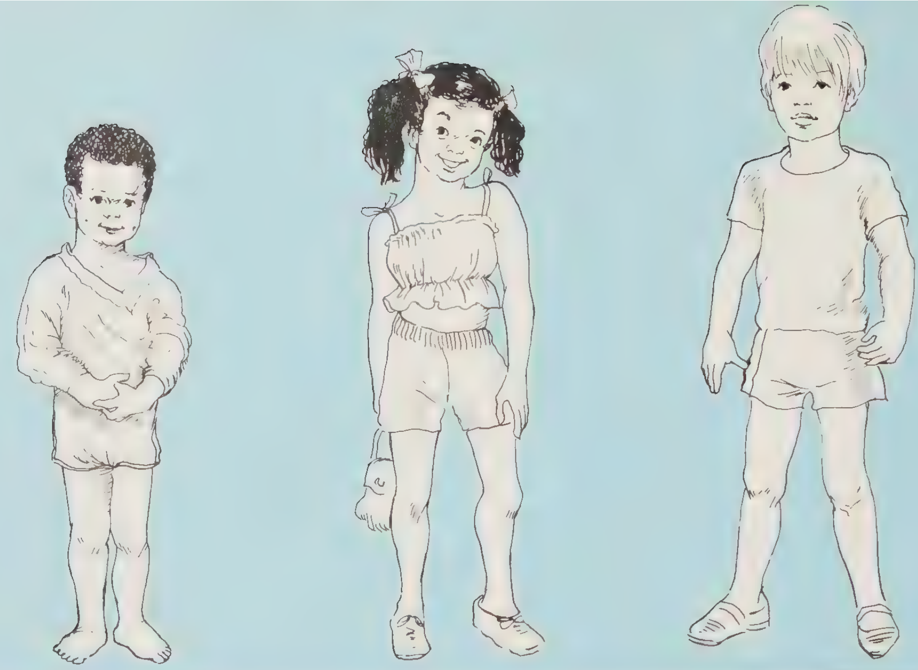
Nightmares

Children have dreams, but they are usually unable to tell their parents about them. Bad dreams or nightmares may be frightening, especially for a child who is half awake and half asleep, in a state of distress. Many nightmares are directly related to fears aroused by some creature or crisis in the child's life. Any threat made to a child during the day may be revealed dramatically at night.

A child who cries out at night can usually be calmed with some cuddling and a few soothing words. A parent may want to stay in the room until the child is asleep again. Turning on a small night-light or leaving the door open a little may ease a child's fears. If a child expresses fear of something in the closet or under the bed, a parent may want to chase the fearful object away with a broom. Telling a child that there is nothing to fear is not nearly as reassuring as accepting his or her concern and physically doing something about it. As children mature, their fears are likely to disappear, and their sleeping patterns will become more stable.

11-17 If a parent has to reprimand a preschooler, it should not be in the presence of friends, for this may be damaging to the child's self-esteem.

11-16 Preschoolers use imagination as they dress up and experiment with different roles and behaviors.



Preschoolers grow taller, leaner, and better coordinated. In general, boys are still slightly taller and heavier than girls. The approximate change in height is from 35 - 37 inches to 46 inches (from 89 - 94 cm to 117 cm). The approximate change in weight is from 31 - 33 pounds to 45 pounds (from 14 - 15 kg to 20 kg).

PHYSICAL DEVELOPMENT*

3 YEARS

Large Muscle

Improves overall coordination.
Walks easily, with good, upright posture.
Still has protruding abdomen, but body is lengthening.
Likes to run and is able to stop suddenly and change direction.
Adds swerving to running style and is able to maintain balance.
Can walk across balance beam.
Walks on tiptoes.
Hops on both feet; may begin to hop on one foot.
Jumps from height of 18 inches (46 cm) without assistance.
Likes to try jumping from greater heights if assistance is given.
Goes up stairs using alternate feet.
May continue to use both feet on one step coming down stairs.
Enjoys galloping, jumping, running, and walking to music.
Is able to dance to fast tempo music.
Is able to use pedal toys.
Can throw ball and retain balance although aim is wild.
Can catch ball if ball is thrown to land in arms; holds arms stationary in front of body and will not move them to reach ball.
Can pound with lightweight hammer.

Small Muscle

Has well refined pincer movement, but hand manipulation is still clumsy.
Builds towers of blocks, but towers are crooked.
Uses spoon and fork to feed self.
Can pour liquid from a small pitcher with little spilling.
Copies a circle and draws a straight line.
Draws crosses, rectangles, and triangles.
Strings large beads.
Makes crude shapes with modeling clay.
Is able to brush teeth but may need assistance.
Is able to unbutton buttons and pull up large zippers.

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*These charts are not exact timetables for development. Individuals may perform certain activities earlier or later than indicated in the charts.

(continued)

4 YEARS	**Large Muscle** Further refines balance and coordination. Likes to whirl around, hang upside-down, turn somersaults. Likes to run, turning corners quickly. Can hop several times in a row. Goes up and down stairs using alternate feet. Likes to jump, sometimes from dangerous heights. Is able to execute standing and running long jumps. Rides pedal toys, gaining speed with increased strength. May be able to ride bicycle with training wheels. Climbs jungle gym with greater speed and confidence. Plays on playground equipment such as slide and seesaw. Throws ball overhand, and may be able to catch ball with hands. Is able to dress self more easily. **Small Muscle** Further refines dexterity of hands and fingers. Builds straight towers of blocks with steady hands, but in the effort to be precise, he or she may knock down existing tower. Is able to use spoon and fork and may try to use knife. Laces shoes and wants to learn to make knots. Cuts on line with rounded-end scissors. When drawing, adds lines to body shapes to represent arms and legs. Brushes teeth, combs hair, and washes hands. Is able to follow finger plays and do them with assistance. Makes crude shapes with modeling clay. Enjoys finger painting.
5 YEARS	**Large Muscle** Performs physical activities more gracefully and with less wasted motion. Likes to climb and play on jungle gym and other outdoor play equipment. Can run faster, turning corners with ease and stopping suddenly. Can hop on alternate feet in skipping motion. Can skip and may be able to jump rope. Enjoys competitive physical games. Enjoys racing with other children or with parents. May design simple obstacle courses. Rides bicycles with training wheels. Can walk along a straight line drawn on the ground. Can descend ladder, alternating feet easily. Can throw a ball overhand using body weight to project the ball; aim is improving. Can catch a ball. **Small Muscle** Shows great improvement in eye-hand coordination. Uses spoon, fork, and knife to eat. Builds buildings and bridges in addition to towers. Places small toys, such as soldiers or animals, in position with precision. Laces shoes and may be able to tie shoes. Decides what to draw and then draws it. Completes simple jigsaw puzzles. Does simple finger plays. Can fasten large buttons and work large zippers. Is able to copy designs and numbers. May enjoy playing with child-sized tools. Has definitely established handedness.

(continued)

INTELLECTUAL DEVELOPMENT

3 YEARS

Studies the environment with all five senses.
Remembers relationships and is able to form concepts about them.
Can remember objects and compare them to other objects.
Has a vivid imagination but is not always sure where reality ends and fantasy begins.
Tells tall tales.
Wants to find out about size and shape of everything.
Asks questions about how things work.
Constantly asks, ''Why?'' Tries to understand cause and effect.
Begins to understand when parents try to reason with him or her.
Connects adventures with self and may inject self into adventure stories.
Likes to listen to stories read by parents.
Can enjoy humorous situations.
Has vocabulary of 900 to 1000 words.
Speaks in two to five word sentences.
May understand more of adult conversation than adults realize.
Can hold up fingers to indicate age.
Can count two or more objects.
Can count by rote up to ten.

4 YEARS

Is aware of intellectual advances and may remind parents, ''I'm not a baby anymore.''
Continues to ask ''Why?'' and ''How?''
Improves reasoning abilities and can form logical conclusions.
May still confuse fact and fantasy.
Likes to try new games and test ability to play them.
Has only a vague concept of time; relates the word yesterday with the past and tomorrow with the future.
Memory is continually enhanced by growing language skills.
Has vocabulary of 1500 words.
Answers telephone and takes simple messages, but may not always be reliable.
Likes to use silly names and words and enjoys play on words.
Can retell a story following the correct sequence of events.
Loves to tell tall tales.
Likes rhyming poems.
Realizes power of words and often begins statement with, ''You know what?''
Speech may be rapid, disconnected, and repetitious.
May exhibit mild stuttering because thinking is faster than ability to talk.

(continued)

5 YEARS	Seeks information and serious answers to questions. Learns about right and wrong. Accepts the fact that there are rules even though unable to understand reasoning behind rules. Has developed symbolic thinking and is thus able to use materials in a variety of ways. Appreciates humor and unusual situations. Enjoys routines and is aware of daily routines. Has increased attention span and improved concentration skills. Likes to look at books and listen to the same stories over and over. Will correct anyone who makes mistakes reading the stories. Understands number concepts; can follow instructions involving numbers. Understands quantitative thinking in terms of ''more than.'' Has vocabulary of 2000 to 2200 words. May not know the meaning of all words used. Speaks with grammatical construction comparable with adults in the home.

EMOTIONAL AND SOCIAL DEVELOPMENT

3 YEARS	**Personality** Is usually cooperative, happy, and agreeable. Feels less frustration because motor skills have improved. Is learning to share and take turns. Follows directions and takes pride in doing things for others. Learns more socially acceptable ways of displaying feelings. May substitute language for primitive emotional feelings. May show fear of dark, animals, stories, and the bogeyman. May feel jealous. **Family** May still seek comfort from parents when tired or hungry. May act in a certain way just to please parents. Seeks praise and affection from parents. **Friends** Seeks status among peers. May attempt to comfort and remove cause of distress of playmates or siblings. Makes friends easily. Seeks friends on own initiative. Begins to be choosy about companions, preferring one over another. Uses language to make friends and to alienate others. Prefers cooperative play to parallel play.

(continued)

4 YEARS	**Personality** May not be as pleasant and cooperative as at age three. May be more moody. Strives for independence; resents being treated like a baby. May be stubborn and quarrelsome. Resents directions; thinks he or she knows it all and can do it all. Learns to ask for things instead of snatching things from others. Is increasingly aware of attitudes and asks for approval. **Family** Needs and seeks parental approval often. Has strong sense of family and home. May quote parents and boast about parents to friends. **Friends** Becomes more interested in friends than in adults. Shares possessions and toys, especially with special friends. Suggests taking turns but may be unable to wait for his or her own turn. Likes to play with friends in cooperative play activities.
5 YEARS	**Personality** Shows increased willingness to cooperate. Is more patient, generous, and conscientious. Expresses anger verbally rather than physically. Is more reasonable when in a quarrel. Develops a sense of fairness. Becomes more realistic and practical. **Family** Likes supervision, accepts instructions, and asks permission. Has strong desire to please parents and other adults. Still depends on parents for emotional support and approval. Is proud of mother and father. Delights in helping parents. May act protective of younger siblings. Shapes ideas of sex roles by watching parents' behavior. **Friends** Is increasingly social and talkative. Is eager to make friends and may develop strong friendships. May pick a best friend. Prefers cooperative play in small groups. Prefers friends of same age and most often of same sex. Stays with play groups as long as interest holds. Learns to respect the property of friends.

to Review

1. What changes occur in the proportion and shape of a child's body during the preschool years?

2. List three ways in which parents can encourage their preschoolers' large muscle development.

3. Explain how a three-year-old builds a tower of blocks. Then explain how building skills change at ages four and five because of improved small muscle development.

4. True or false. A child who shows a preference for the left hand should be encouraged to change and use the right hand.

5. What might parents do if they want their children to cause fewer problems at mealtimes and to have fewer food dislikes?

6. What is a common psychological cause of enuresis? How should parents react?

7. What two specific developments make it possible for parents to reason with their three-year-olds?

8. Explain why parents should not consider their preschoolers' tall tales a form of lying.

9. True or false. By the age of five, children can understand that some things are right and some things are wrong; they begin to understand rules.

10. Give two examples of how preschoolers use symbolic thinking in their play.

11. List five advances in language skills that occur during the preschool years.

12. How should parents react when their preschoolers reveal new fears?

13. Describe the emotional attachments formed due to the Oedipus complex.

14. Why do preschool children need to play?

15. Describe alternate play behavior.

to Do

1. Invite a panel of parents to discuss with your class the need to balance the enthusiasm of preschoolers with the caring guidance of parents. For example, how do parents react when their preschoolers run ahead of them during a walk or add items to their shopping carts?

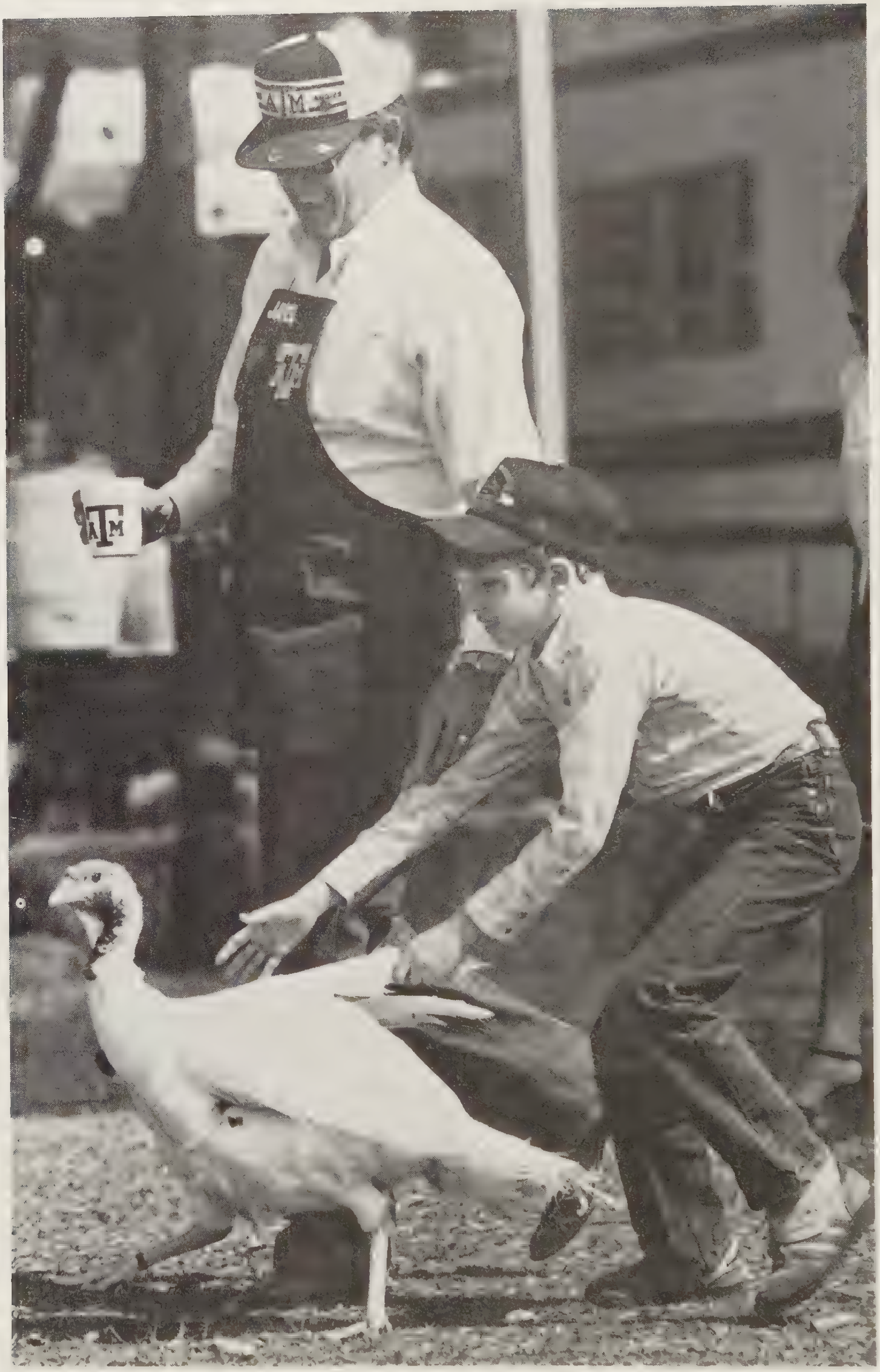
2. Visit a preschool and watch for signs of progress in large and small muscle development as the children run, jump, skip, climb, ride pedal toys, throw and catch a ball, build towers of blocks, draw, and use scissors. Discuss your observations in class.

3. Discuss the increasing intellectual skills displayed by preschoolers as they learn about concepts related to cause and effect, fact and fantasy, right and wrong, and time.

4. Form small groups and discuss the importance of play in preschoolers' lives. Make a list of the many different kinds of play experiences that can be created in the home to encourage physical, intellectual, emotional, and social development. Discuss your group's findings with the rest of the class.

5. Ask a pediatrician to visit your class and discuss the problems of enuresis, stuttering, lisping, and nightmares. Be prepared to ask questions about the possible causes of and solutions for these problems.

6. Collect stories about preschoolers from newspapers and magazines. Post several of them on a bulletin board. Keep all of the stories in a folder for future reference.



Chasing a turkey in a competitive event is a learning experience that is shared by this school age boy and his dad.

12

Parents and their school age children

This chapter will help you identify steps in the physical, intellectual, emotional, and social development of school age children. It will also help you recognize the importance of parental guidance and encouragement as school age children make adjustments within their families, at school, and with their friends.

The first day of school is a great event for both parents and their children. To parents, this day seems to come quickly. They may be surprised when they realize that their children are already grown up enough to start school.

Physical growth is obvious throughout "the school age years," when children are between the ages of six and twelve. Children in this stage of life grow taller and slimmer as they develop a more adult physique. One reason why parents are so well aware of their children's growth is because they are continually replacing clothes that have been outgrown!

School age children are interested in learning. Parents are often amazed by the curiosity and intellectual progress their children reveal. The school age period can be a wonderful, sharing time for intellectual development. During these years, the groundwork can be laid for continued interest in education and self-development.

Early in the school age period, children still have many babyish feelings. Their moods change often. They are cooperative for a period of time and then suddenly act stubborn. Gradually, their emotions stabilize, and their social skills improve. Near the end of the period, parents sense that their children are too old to be treated wholly as children. Yet they are not ready for the decisions, privileges, and responsibilities of adolescence and adulthood. This is a time for parents to remember that each child is unique. Each child has individual needs, concerns, and challenges. With good communication, parents can help a child through the transitional period of the school age years.

READINESS FOR SCHOOL

As children approach school age, parents may wonder if they are really ready for school. There is no single yardstick that can be used to measure a child's readiness. Each child must be considered individually. His or her physical, intellectual, emotional, and social development must be considered.

Physical readiness is crucial to success in the total school experience. Parents may ask a physician to check the health of their children. The exam should include special attention to the eyes and ears. If a child has an undetected seeing or hearing problem, he or she may be incorrectly labeled as a slow learner.

The health exam may also include immunization shots. Nearly all school districts require that children have certain immunizations before starting school. Parents should contact their local school district to find out what shots (and what records of those shots) are required, 12-1.

Parents can help their children a great deal by making sure that they are intellectually ready for school. Pressuring children to learn is not a good idea. But helping children catch the fun

12-1 Children need immunization shots before they start school.

and excitement of learning is one of the greatest gifts parents can give to their children.

Parents can also make sure that their children have the skills and knowledge they need to deal with everyday life. Children should be able to say their names and addresses correctly, and they should recognize their names when they see them printed. They should also know the names of their parents or guardians. Children should be able to ask to use the toilet when necessary, using language that everyone understands. They should be able to go to the bathroom by themselves. This means being able to undress and dress themselves, to flush the toilet, and to use the faucet. Children should be able to manipulate ordinary buttons, zippers, and shoelaces. They should be able to manage their coats, hats, mittens, and boots with a minimum of help.

Most children are eager to begin going to kindergarten. If they have attended any type of preschool, they will probably adjust to school quite easily. Still, it is natural for them to have some worries.

Parents can help ease children's minds by showing them as much of the school environment as possible before the first day of school. If children will walk to school, parents should walk the route with them several times so they become familiar with it. A tour of the school building and of the children's classroom will be reassuring to both parents and children. Most schools have orientation programs for this purpose, but extra visits may be helpful to some children.

The school age period is an important time in the lives of children. Ideally, they should enter this period with a feeling of confidence and security, as well as a sense of excitement.

PHYSICAL DEVELOPMENT

In the beginning of the school age period, the physical development of boys and girls is much the same. They grow at a steady rate of 2 to 3 inches (5 to 7.5 cm) in height and 4 to 5 pounds (1.8 to 2.3 kg) in weight each year.

Six-year-olds are constantly active, 12-2.

12-2 Six-year-olds like to be active.

They have trouble sitting still for any length of time. If given a choice, they will almost always run rather than walk. Their coordination is improving, but they suffer countless scrapes and tumbles. This is the age when baby teeth are disappearing, being replaced by the first permanent teeth.

Seven- and eight-year-olds continue to grow at a steady rate. Some children may look lanky because of their thin bodies and long arms and legs. In spite of their rather awkward appearance, their coordination is improving, and they are capable of smoother movements. Roller-skating, skipping, and jumping rope are popular activities. See 12-3.

By the age of nine and ten, children may begin narrowing their interests. If they enjoy sports, they are now ready to learn the proper

12-3 Roller-skating is one way eight-year-olds can show off their improving coordination.

techniques of organized games. They can run, kick, throw, catch, and hit better because of their improved coordination, timing, and sense of balance. See 12-4. Their small muscle development is also greatly improved, so some children become interested in building models or learning handcrafts.

Near the end of the school age period, girls and boys have marked differences in their physical development. Girls grow very little in height when they are nine and ten years old. The slow period of growth for boys is a year later, between the ages of ten and eleven. Children's bodies almost seem to be storing energy for the growth spurts which will follow shortly. By the age of 12, both girls and boys are undergoing physical changes related to puberty. These changes are described in more detail in the following chapter.

Because of their different growth patterns between ages 10 and 12, boys and girls generally approach physical activities in different ways. Boys like active sports because they are keenly interested in their physical strength and their increasing motor abilities. They look for ways to test their strength and daring, often worrying

12-4 By age 10, many children are ready for organized sports such as soccer.

their parents, 12-5. They tend to prefer "boys only" games. One reason for this may be that they do not want to compete against taller and larger girls of the same age.

Girls' activities are often less boisterous. They are aware of their bodily changes and become keenly interested in their personal habits of cleanliness. They may become very conscious of their clothes and overall appearance. Twelve-year-old girls want to conform to their peers' standard of dress. They are also fussy about fit. Many girls work hard adjusting their wardrobes to the changing fashions and their developing figures.

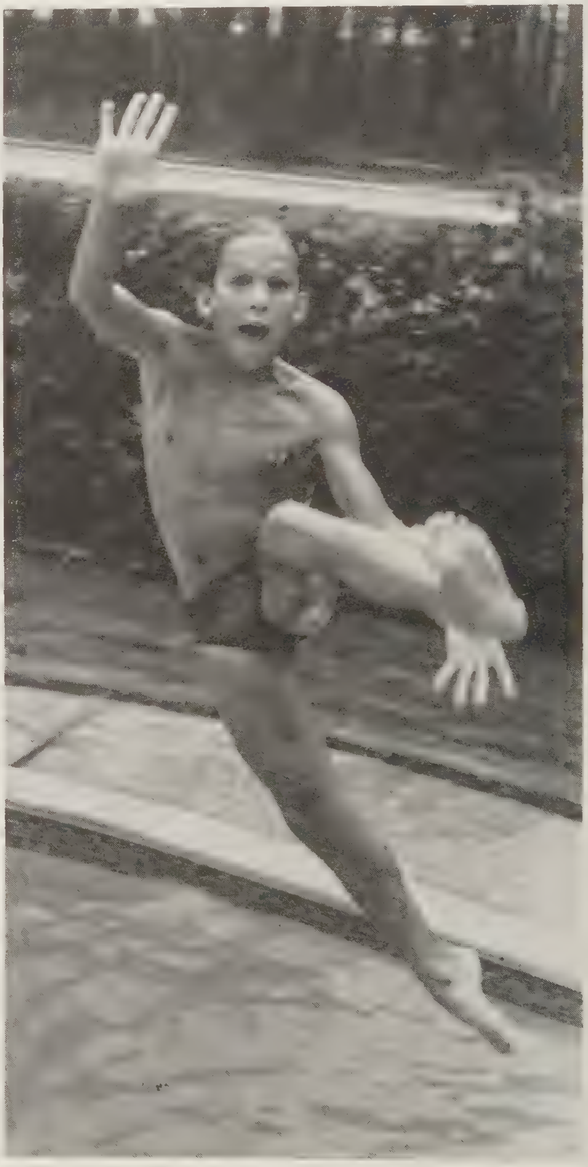
Physical fitness and competitive sports

Children, in general, are healthy people. Children who follow a well-balanced diet, get plenty of sleep, and participate in normally active play are usually healthy and physically fit.

School age children enjoy activities that involve the use of their motor skills. They also enjoy the competition and camaraderie that exist in team sports. Children participate in team sports in physical education classes, during recesses, and in community programs. The combination of physical play and competition can add to the healthy development of children. Through athletics, children can learn to appreciate physical fitness, respect law and authority, and cooperate with others, 12-6.

On the other hand, sports have the potential for both physical and psychological damage. Having a physical exam before joining a competitive team is a good idea. A few children are born with conditions that make them especially susceptible to injury. Even normal, healthy children may risk injury to their still-developing bones and muscles. In a few cases, prolonged exertion may cause heart damage. And some children, if pressured to win, may develop hypertension.

Psychological risks are also involved in sports. Children who are pushed into sports against their wishes may develop a negative attitude toward exercise and physical fitness. Children who see their parents and coaches argue with umpires and referees may fail to learn respect for authority. Children who try to impress others with their individual achievements may develop conceit rather than a spirit of cooperation. Other children may feel like losers if they cannot match the athletic success of a parent or older sibling. Still other children who seldom, if ever, win may suffer a loss of self-esteem. They may feel humiliated



12-5 At age 12, some boys are eager to test their strength and daring.

and look upon themselves as failures. After a while, they may not even want to try to participate.

With all these risks, parents may wonder if and when their children should begin sports. The most basic rule is to let children decide for themselves. Children who are physically and psychologically ready are usually eager to begin. Further guidelines are recommended by the National Association for Sports and Physical Education. (These guidelines are for healthy children who are developing at a normal rate.)

- Competitive sports for children under 6 years of age are of questionable value.
- Children between the ages of 6 and 8 should be restricted to noncontact sports such as swimming, tennis, and running.
- Contact sports such as soccer, basketball, and wrestling are recommended for children over 8 years old.
- Tackle football and other collision sports should not be played until the age of 10.

By following these age-related guidelines, parents can help reduce the risks involved in their children's sports. There are other precautions they can take, too. Parents should make sure their children play in a safe environment. The facilities for practices and games should be in good condition. A first-aid kit should be kept nearby, and the coach should know how to use it. Any child who is injured or in pain should be removed from the game and given prompt attention. Protective equipment, if needed for the sport, should be available and should be used regularly. It should be in good shape and should fit well. If parents are unfamiliar with the protective equipment, they

12-6 Athletics offer children fun as well as valuable lessons in physical fitness, respect, and cooperation, but they also pose risks.

may want to take it to a sporting goods store and ask for an opinion.

Coaches are often the keys to positive sports experiences. Good coaches place more emphasis on the children's welfare than on winning. Their approach is encouraging and supportive, not tough and degrading. They teach the basic skills and strategies of a sport. They coach in order to help children learn to enjoy a sport, not to boost their own egos with winning records. Good coaches give all children a chance to play since most young athletes would rather play and lose than sit, game after game, watching their teammates win. On the other hand, good coaches do not pretend that winning doesn't matter. Honest competition in the pursuit of victory is the essence of all sports.

Parents' attitudes are a major factor in the satisfaction children receive from sports, 12-7. Parents need to encourage their children without pushing them. They need to show their children that they are loved regardless of how they played in the last game. Children should not have to fear that their parents will reject them or punish them if they strike out or drop a crucial pass. Rather than criticism for mistakes, parents should offer praise for any effort or improvement. They need to emphasize the importance of fair play, honest effort, and cooperation.

Perhaps the most important role for parents is to set a good example. Parents should act like adults when they watch games. They should respect the calls of the officials. They should let the coaches do the coaching and the players do the playing. As spectators, their role is to watch the game with enjoyment. They should maintain a positive attitude in both victory and defeat. They should help their children realize that trying hard, playing well, and enjoying the game are more accurate measures of success than just winning or losing.

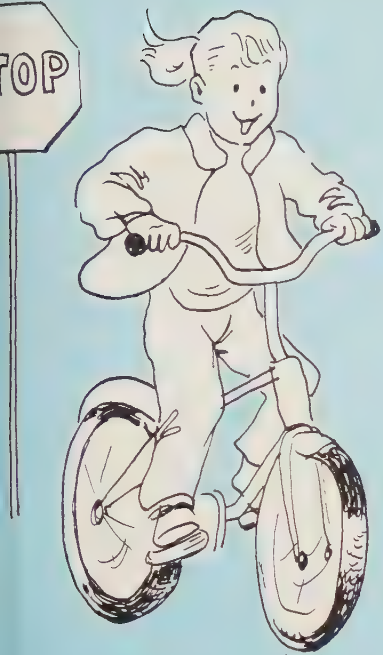
Physical safety

As children reach the school years, they will be moving into new environments and experiencing new situations. They will have many new opportunities to explore and to become more self-reliant. They will also face new dangers. Parents can do much to improve their children's awareness of potential dangers and options for safety. Several safety-related tips are illustrated in 12-8.

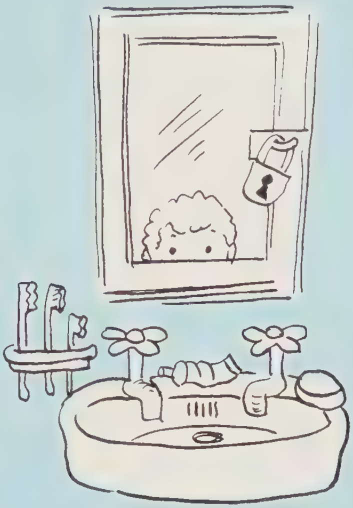
Traffic presents many dangers to children. Statistics show that accidents often occur on the way to or from school. Accidents happen regardless of the means of transportation—walking, biking, taking a bus, or riding in a car pool. Parents should instruct children who walk to use intersections where crossing guards can help them. Because of their size, young children cannot see a clear view of the movement of traffic. As they grow older, they may be easily distracted by games or running races. Children from age nine to twelve usually know the correct way to cross a street, but they may be more

12-7 Parents who encourage and support their children, without pushing or criticizing, help their children develop a positive attitude about athletics.

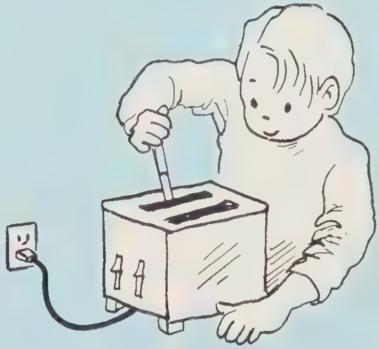
DANGERS AND SAFEGUARDS DURING THE SCHOOL AGE YEARS



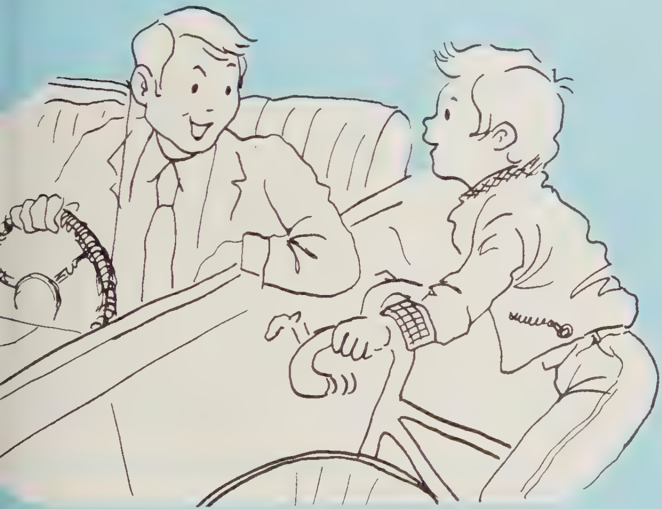
School age children enjoy riding bicycles, so parents need to be sure their children are aware of bicycle safety rules and traffic laws.



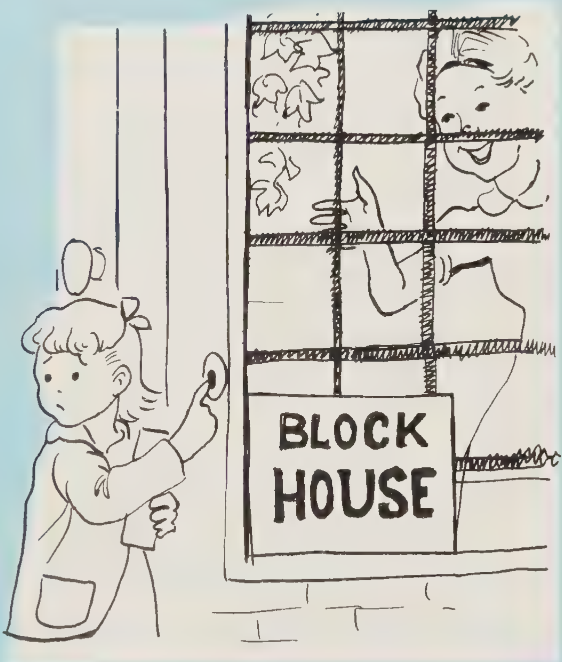
Medicines and pills are still fascinating to children in the school age period. They should be stored where they cannot be reached by children, preferably in a locked cabinet.



More and more children are using household appliances without knowing the possible dangers. This child is unaware that using a knife to dislodge a piece of bread in a toaster may lead to a scary and painful electrical shock. Children need to be taught how to use household appliances safely.



School age children are generally friendly and may be easily influenced by strangers. Parents should warn their children about accepting any favors, including rides in a car, from strangers.



''Block houses'' are safe places where children can go if they need help as they walk to and from school.

12-8 School age children are sometimes too eager, active, and curious for their own good. Parents need to alert them to possible dangers.

daring. They may try to "beat" the light or avoid other safety measures. If children ride bicycles, they should be aware of and follow all traffic rules. Children also need to be taught to watch for traffic as they step out of a bus or car.

School age children should be warned about kidnapping and sexual abuse. In today's society, school age children may be the victims of either strangers or acquaintances. Children are naive and are easily taken in with offers of candy or other favors. Children should be warned about talking to strangers. They also should be informed about what would be considered normal and caring affection as compared with abnormal or improper advances or displays of affection. Parents need to talk openly with their children, warning them about behaviors which may seem harmless but which could lead to sexual abuse or bodily harm. Many schools and community organizations have programs to discuss such situations with children. Some communities are also encouraging parents to have their children fingerprinted. The fingerprint records could provide the key to finding a missing child.

Many communities have established "safe houses" or "block houses" where children can seek help if they need to reach someone as they walk to and from school. Parents should be sure that children can recognize these houses.

In stores and shopping malls, parents should keep an eye on their children at all times. Parents should warn children about running off and talking with strangers. Parents should also warn their school age children against hitchhiking or accepting rides from anyone offering to pick them up.

Another area of danger concerns young children's increased responsibilities at home. In many homes, school age children are being asked to assume a homemaker role before they are prepared. If they spend more time at home than their parents, they may be asked to do several chores without supervision. Some of those chores may be potentially dangerous.

A recent study by Whirlpool Corporation revealed that in many homes, children as young as seven, eight, or nine were being given responsibilities of cooking and cleaning. They found the appliance most often used was the refrigerator, followed by the toaster, clothes dryer, washing machine, stove, hair dryer, and microwave oven. In many cases, children were not given instructions for using the appliances. They simply learned by watching adults. As a result, accidents have happened. A child who poked a knife into a toaster to release a slice of toast received an electrical shock. Another child died when a hair dryer that was still turned on was playfully tossed into the bathtub where he was bathing.

Because of the study's findings, appliance manufacturers are now writing their "how to use" information with children as well as adults in mind. Parents have the responsibility to share this information with their children. Anyone using an appliance should know how to use it and be familiar with safety precautions.

INTELLECTUAL DEVELOPMENT

Parents notice that the simple "Why?" questions of their preschoolers are gradually replaced by more complex questions as the children advance into the school age years. Children are still full of questions about the world around them, and they like more detailed answers. Generally, children look at their world from a positive point of view. This can be seen in the "happy" drawings and paintings they create in the early school years, such as a landscape with flowers, birds, and a sun with a smiling face.

One of the most fulfilling times for parents is when they see the glimmer of understanding appear in their child's eyes. Parents can share their child's excitement when a concept is grasped, an arithmetic problem is solved, or a play on words is understood.

At the beginning of the school age period, children's attention spans are lengthening. Children can spend longer periods of time at certain activities. Their concept of time also improves, so they can plan ahead for special events. Children in the early school age years recognize rules and understand that some rules are for their own good. They like to do their own special chores at home, and they willingly help their teachers at school. They favor reality in their play activities, so fairy tales have less appeal. Animal stories are the favorites of many children. Space age games and stories are popular, too. They are more real than fairy tales, yet they call for imagination and lots of action.

Nine- and ten-year-olds like to act in a more adult manner. Their vocabularies have grown to about 5400 words, and their skills in conversation have improved. They enjoy quizzing parents and may astound them with facts they have learned. They like games that involve mental competition. They may challenge parents or grandparents to word games or dominoes, and they may win! They prefer winning, but they also are willing to repeat a game with the hope of finally winning. Children who like to read may read constantly, while other children may pursue other interests. Parents who introduce a variety of books and who take their children to libraries to pick out their own books do a great deal to encourage their children to enjoy reading. See 12-9.

By eleven and twelve, children can figure out what to do by remembering past experiences. They are also good at solving problems. If something has gone wrong in a daily schedule,

12-9 Fun trips to libraries where children can choose their own books help children develop and maintain an interest in reading.

they can often pinpoint the problem. They may even work out a better schedule to avoid the same mistake or delay. Eleven- and twelve-year-olds like active learning experiences such as reading aloud, reciting, and working on science projects. They can grasp math concepts and apply them to their own lives. For instance, they recognize the significance of money. They will ask for an increase in their allowance when they hear that school lunch prices have gone up. If they have a savings account, they can now understand how the account grows because of interest.

By the end of the school age period, children are able to converse well with vocabularies of about 7200 words. Many are increasingly interested in talking. They may enjoy lengthy conversations with grandparents or teachers who sense their enthusiasm for discussion. While some children are talking all the time at this age, others spend long periods of time in quiet meditation or concentrated work on models. In every aspect of development, children are individuals.

If children have enjoyed reading, this interest is likely to continue throughout the school age years and beyond. Mysteries, adventure stories, biographies of famous persons, and science fiction tales are favorites of older school age children. If they do not seem to enjoy reading, preferring active sports or scientific experiments, parents can encourage them to read books about their other interests.

Children's interest in schoolwork is often affected by their peer relationships. If they have good friends who display initiative and industry, they are likely to try hard and do well in school. If they do not have friends or if their friends have negative attitudes toward learning and achieving success in school, their schoolwork may suffer. Parents who are aware of their children's school achievements will notice any slips in their achievement levels. Alert parents can usually prevent problems from worsening if they investigate the reasons for the changes in their children's work. By showing loving concern and support (not pressure), parents may help their children renew their interest in school, 12-10.

Advances in thinking patterns

Children achieve so many little triumphs in learning that parents may not notice each new level of intellectual development. Yet children make several significant intellectual gains during the school years.

Multiple classification is one intellectual achievement of the school age years. Earlier, children could classify objects into single categories: cars, trucks, cats, dogs, red, blue, squares, circles, etc. During the school age years, children begin to understand that objects may fit into more than one category. They understand that a cat is a cat whether it is black or gray. When given several squares, circles, and triangles of different colors, they can pick out all the red squares. They won't be confused by red circles or blue squares.

School age children refine their classifying skills by collecting and identifying things. Children of this age are famous for their collections, ranging from rocks or bugs to stamps or baseball cards. Older children within this age group are quick to notice small differences between similar objects. On car trips, they can often identify different makes and models of cars much more quickly and accurately than adults.

Another learning development school age children master is *seriation*. This is the ability to order groups of things by size, weight, age, or any common property. Children may arrange beads on a bracelet from small to large or from light colors to dark colors. They may arrange coins from oldest to newest. Seriation also helps children recognize relationships within their families. They can understand different generations represented by children, parents, and grandparents.

Conservation is a learning achievement identified by Jean Piaget. (Piaget's theories are described in more detail in Chapter 14.) Conservation is the understanding that certain properties (number, substance, weight, and volume) remain the same (are conserved) even if they change in shape or appearance. For example, when two rows of eight blocks are laid side by side, children will see that both rows contain the same number of blocks. When one row of blocks is spread out so it is longer, a younger child will assume it contains more blocks. A child who has grasped the concept of conservation will realize that the number of blocks has not changed.

Other examples of conservation can be demonstrated with sheets of paper, balls of clay, and glasses of water. When a sheet of paper is crumpled into a ball, a child who understands conservation will realize that it has not increased or decreased in substance. When a ball of clay is rolled into the shape of a cylinder, the child will realize that the amount of clay has not changed. When water is poured from a short, wide glass into a tall, narrow glass, the child will realize that the volume of water is still the same.

Reversibility is the concept of things returning to their original condition after they have been changed. Reversibility is closely related to conservation. School age children who have mastered conservation will prove their ideas are correct by reversing the changes. They will push the blocks back together. They will smooth out the crumpled ball of paper until it is flat. They will roll the cylinder of clay back into the shape of a ball. And they will pour the water back into the short glass.

School adjustments

Most children between the ages of six and twelve are ready and eager to attend school. Middle childhood is an age of activity and investigation. During these school years, children accumulate much information and acquire skills in solving problems. Memory improves,

12-10 With encouragement and love, parents can help their children develop a positive attitude about school so the children will want to do well.

and thinking becomes more abstract.

Children adjust to their school environments and schedules fairly easily. They learn that they must eat breakfast and lunch at set times. If they dawdle or refuse to eat at mealtimes, they will get hungry later in the day, perhaps when they have to be sitting in a classroom. Children, even more than adults, need an adequate breakfast because of their high activity levels. Lunch, whether it is a hot lunch offered at school or a lunch carried from home, should be nutritious. Well-balanced breakfasts and lunches help children feel better and work better. Well-fed children are unquestionably more alert and ready for activities throughout the school day.

Reading is one of the most important skills learned at school. Success or failure in reading affects other areas of learning. Today, schools are combining different methods of teaching children to read. Most teach the alphabet and combine this with phonics, so sounds of letters are learned. Letters are put together to form words. Another method teaches children to recognize a whole word at a time. Most schools use a combination of methods. Parents can help their children learn to read by encouraging them to read and to practice their lessons learned in school.

Children first learn to print words; then they learn cursive writing. (Cursive writing is writing in flowing strokes, with letters joined together.) They use these skills to write short stories and reports. The teachers' role is to present the correct methods of printing and writing as well as the basic rules of grammar and composition. Parents can help by encouraging their children to practice printing and writing and praising them for neatness, 12-11. Another way for parents to help is to show interest in the stories and reports their children write.

Many parents are frightened by the thought of helping children with the "new math" concepts being used. Parents remember the rote learning of multiplication tables. Today children are taught the concepts used in math and arithmetic before they are asked to learn the mechanics of math. Parents can help their children by alerting them to all the uses of math in daily living. Examples include using a tape measure while sewing, measuring ingredients while cooking, drawing a simple floor plan of a child's room, and making a graph of a child's changing height and weight. All of these are ways parents can help their children enjoy the challenge of using math skills.

Children's natural curiosity opens the door to their interest in science. School lessons lay the foundations for problem-solving and discovery in the science area. Parents can help their children build upon these foundations by exploring nature, discussing modern discoveries, and dreaming of future discoveries. Some easy scientific experiments, like planting a seed and watching it become a flower, are easy to do at home. Other science lessons develop informally during family outings and vacations. Children may also learn about science by watching educational television programs.

Art, drama, and music activities provide children with expressive outlets for their emotions. These activities may help children communicate with others about experiences they have had, fears they have faced, and joys they have felt. Parents who recognize the value of these expressions develop a greater understanding of their children's feelings.

EMOTIONAL AND SOCIAL DEVELOPMENT

As parents watch their children enter the school years, the biggest changes they see are in emotional and social development. Up until now children have retained a childlike quality in these areas. Now as they go to school each day, they are transformed from children to schoolboys and schoolgirls.

As toddlers and preschoolers, children often relied on their parents to introduce them to social situations and playmates. During the school years, children become more socially independent. They choose their own friends, and their friends become more important to them. Sibling jealousies may lessen as interests outside the home grow.

Six is a good age for most children to start "real" school since six-year-olds are ready for anything new. They are full of energy and charge ahead to new challenges. They are demanding, wanting all of everything. Choosing between alternatives, such as different flavors of ice cream, is difficult for them. Six-year-olds want desperately to be right and to win. Their sense of right and wrong is based only on what parents or teachers tell them to do or not to do. Tattling is common since they have to check with caregivers to find out if their playmates' actions are really wrong. Children at this age are becoming interested in group activities, but they are still too egocentric to cooperate fully. They have a hard time waiting in line and taking turns.

By the age of seven, most children have calmed down. In fact, they may seem withdrawn and moody. They like to spend time alone or at least in the background. Meanwhile, they are busy thinking, watching, and listening. They may feel that everyone—parents, teachers, and peers—are against them. Yet they

12-11 As children learn to print, parents can help by offering encouragement and praise.

want and need the approval of both adults and peers. Children at this age are often very conscientious and strive hard to please. Their sensitive feelings are hurt by criticism, sometimes to the point of tears.

The next stage of development swings back to the positive, outgoing side. At about age eight, children believe that they can do just about anything, and they are willing to try. They may fail, and if so, they may turn to tears and self-criticism, saying, "I always do it wrong." But their failures won't stop them from trying again the next day.

Generally, eight-year-olds like school and make new friends easily. They enjoy group projects and peer competition. They are becoming aware of other people's points of view. They are concerned about what other people do and what they may be thinking. The children are interested not only in how they are treated, but also in how they treat other people. This is the start of two-way relationships.

Group activities among children of the same sex are popular throughout the school age years, 12-12. It is quite common to see three or four boys walking across the playground with their arms entwined. This same-sex group interest reaches a peak at eight years of age and lasts throughout puberty, being even stronger among boys than girls. "Belonging" is extremely

12-12 Group activities among school age children of the same sex are popular, especially among boys.

important to school age children. Not only do they want to belong; they also want to look like and act like their peers.

Throughout the school age years, the desire for group activities can be met in part by organizations such as scouting groups and 4-H clubs. These groups fill real needs for children while allowing parents to share in the activities and social interactions. See 12-13.

Children are also likely to form their own groups. Secret clubs with lots of rules are especially popular. Once school age children understand the reason for rules and the concept of fairness, they are eager to make their own

12-13 Scouting groups and other similar organizations help promote the intellectual, emotional, and social development of school age children and teenagers.

rules. They want no help from adults as they start their secret clubs. The secret is of little importance. What is important is that the club members band together and try to bring outsiders into line by making them feel left out. This may sound crude to adults who are used to other ways of organizing and influencing people. But the lessons children learn in their school age clubs are generally positive. Such lessons will help them prepare for active roles in community organizations as adults.

As their interest in friends expands, school age children often single out a best friend. Best friends provide important lessons in sharing, give and take, trust, and even jealousy. But loyalty is weak, and best friends change often. In the midst of changing friendships, one child may be shunned. The other children may "gang up" on this child, preventing him or her from becoming a part of the group. This is a rather cruel, but common, practice. Luckily, the harsh treatment rarely lasts long. The child who is shunned one day may be someone's best friend the next day. If parents or teachers sense that one child is being shunned continually, guidance should be offered to prevent the child from developing an inferiority complex or a "loser" self-image.

Most nine-year-olds are relatively quiet. They are individualists with definite likes and dislikes. They resent being "bossed" by their parents. A new drive for independence begins. Interest in friends grows as family interest declines. Belonging to a group is no longer enough. Now children are concerned about what the group members do together. The group's interests and activities are important. Some children abandon their own interests in favor of the group's interests so they can remain in the group. (Parents need to keep an eye open for such changes. If children's values are being negatively influenced by a group, parents may need to step in and take action.) Other children move from group to group until they find one that matches their own interests.

Nine-year-olds are well-known for their worrying, 12-14. They worry about school grades, friendships, the health of their family members, and their own development. They complain about everything that displeases them. When faced with disappointment or defeat, it is hard for them to accept. By this age, most children know right from wrong. They will accept blame if they know they have done something wrong (and if the blame cannot be passed to a sibling). But they are quick to offer excuses for the wrongdoing.

According to many parents, ten is a child's ideal age. Ten-year-olds are happy with life in general. They like school and their teachers. They like their parents and even their brothers and sisters. They obey adults willingly. They

12-14 Nine-year-olds tend to be rather quiet. They may worry a lot and complain when things don't go their way.

accept responsibility and are fairly dependable if they are given encouragement and praise. If differences arise among friends, they are willing to work them out so everyone is happy. In short, ten-year-olds are nice and friendly, and they expect others to be that way, too.

Group acceptance is still important to most ten-year-olds. On the other hand, some children have gained enough self-assurance to move away from the group. Girls are ahead of boys in this area of development. At ten, a girl is likely to be more loyal to a best friend than to the group. Boys at this age may be starting to talk more about special friends, but the group is usually their main interest.

During the later years of the school age period, many children reach puberty and go through emotional changes. They often become very moody. Girls begin these changes about two years ahead of boys. These important changes, which begin at different times for different children, can create unsettling emotions. Quarrels become more frequent. Feelings are easily hurt in social interactions. Boy-girl socializing may be starting, usually initiated by girls, 12-15. Boys may feel clumsy and inadequate. Girls may giggle and share secrets.

By the end of the school age period, some children are growing out of their emotional turmoil. They are less self-centered and may reach out to others for friendship. They like to plan group activities and to take roles in carrying out their plans. They are also more patient and friendly with youngsters. Children at this stage

12-15 Late in the school age period, girls may initiate friendships with boys, but boys generally feel more comfortable with friends of their own sex at this age.

are beginning to see themselves and others more objectively. If they sense a friend has less ability they may compliment the friend in order to make him or her feel good. Girls reach this stage before boys. At this time, parents may have a hard time understanding their "little girl" because she is so close to becoming a young woman.

All children go through this awkward and sometimes painful stage of emotional and social growth. The ease with which children develop feelings of security and confidence in these areas depends a great deal on their family environments. Parents can do much to help their children. Love, understanding, and a genuine interest in children at every stage of their lives go far in helping children feel good about themselves.

Parents and friends

Parents can do much to help their children develop worthwhile friendships. They can also be alert to certain friendships which may create problems. Parents who care about their children are also interested in their children's friends.

Friends play an important role in children's development, 12-16. Children often adopt

12-16 Friends play an important role in children's development, so parents should express interest in their children's friends.

the attitudes displayed by their friends. They "borrow" some aspects of their friends' personalities for a short time and test them out. By experimenting with a variety of different personality traits, children find the traits with which they are most comfortable. They will eventually include these in their own developing personalities.

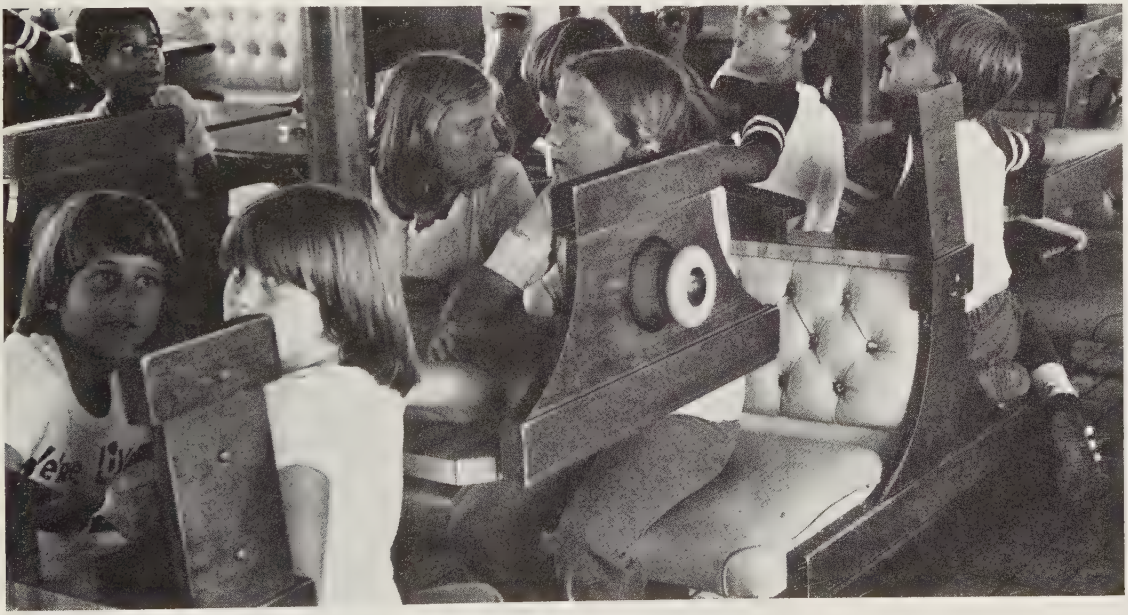
Because friends are so important to children, parents need to be aware of the friendships their children are forming. Healthy, positive friendships during the school years can enrich the lives of children and of parents as well. They can provide a network that offers stability, trust, cooperation, and a capacity for growth that cannot be found in any other way.

When possible, parents should allow children to invite their friends home. This gives children a valuable sense of security. It also gives parents a chance to meet their children's friends. When children do invite their friends home, parents should treat them as guests. After all, they are important people in the lives of their children. Parents should act friendly and hospitable. They should serve foods, snacks, and beverages that appeal to the children.

In talking with teachers, parents can find out if their children are seeking out friends who seem to have a positive influence on them. Some parents may also want to take advantage of opportunities to chaperon school events. Then they can see for themselves how their children interact with others. This requires some tact and a positive, friendly, noninterfering attitude. Children resent parents butting into their lives with demands concerning their selection of friends. On the other hand, children like the security of knowing that their parents can help if they need some advice about their friendships.

Conformity

The extent to which children conform to their friends increases rapidly during the school age years, 12-17. Through friendships, children explore ways of establishing and maintaining relationships with members of the same sex as well as of the opposite sex. The experiences they



12-17 School age children like to look like their peers, talk like their peers, and act like their peers.

have will influence the relationships they will establish later in their lives.

During the school years, ties with parents loosen. While children are striving for greater independence from their families, they are naturally attracted to their peers. They feel comfortable with one another, and they enjoy trying new things that their friends like. If one wears a certain brand of jeans to school, they all may decide to wear only that brand. If one uses a certain slang expression, parents may soon notice everyone in the car pool using the same phrase. As soon as favorite music groups, movies, or video games are identified, the interest in them spreads from child to child. These first signs of conformity seem natural, and parents usually see nothing wrong.

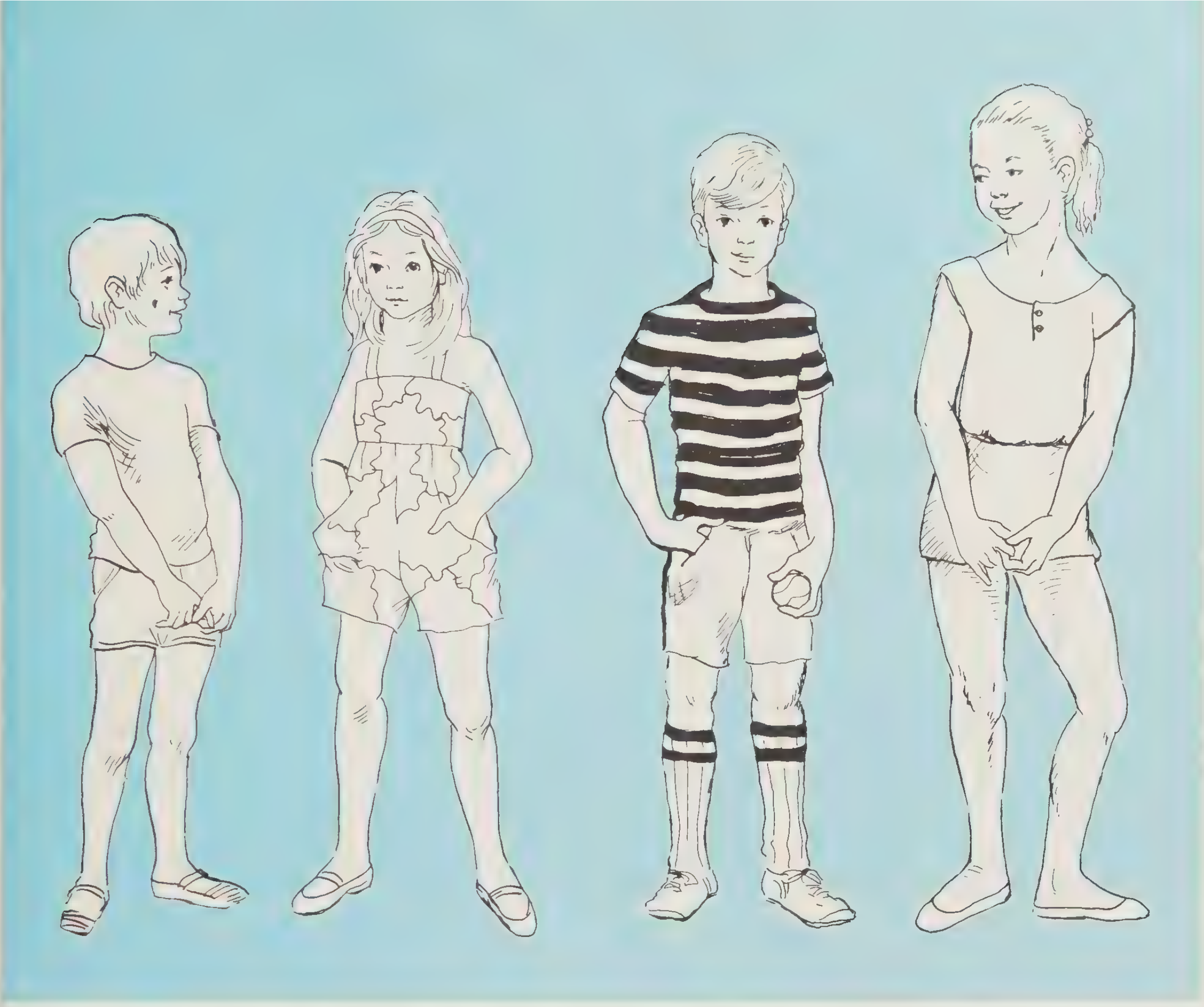
As children near the end of the school age period, their intense desire for conformity may begin to upset their parents. Parents may object to some of the "in" ways of dressing, behaving, and speaking. Parents should try not to overreact. If they are too critical, their children may feel defensive. They may adopt more of the "in" styles or behaviors just to prove their loyalty and trust in their peers.

Parents should try to understand that as young people mature from childhood to adulthood, they need to feel separate from their parents. Their unusual actions are often nothing more than small tokens of independence. As they conform to their friends, they may pick and choose different behaviors or styles of dress. Eventually, they sort out what is right for them and establish their own individuality. Parents who can be patient, realizing that this is a phase of human development, also realize that this stage will pass.

This stage may be difficult for both parents and their children. Parents want to protect their children from hurt feelings, group pressures, and physical dangers. Children want to learn about life through first-hand experience. Common sense and instinct will tell parents if their children are going too far from their home base of values. Until then, parents are probably wise to express interest, loving concern, and mild disapproval rather than scorn, disgust, and ridicule. Children who are given the chance to choose from all that life has to offer are most likely to choose values and life-styles similar to those from their own backgrounds.

The primary goals of this late school age stage may be to avoid major conflicts and resolve minor ones. If these goals are met, both parents and their children will be well-prepared for the further struggles of independence during the teenage years.

Although school age children have a great desire to conform to their peers, they may also show enough individuality to design and build their own projects.



School age children grow taller and slimmer as they develop a more adult physique. During most of the school age years, both boys and girls grow 2 - 3 inches (5 - 7.5 cm) in height and 4 - 5 pounds (1.8 to 2.3 kg) in weight each year. By the end of the school age period, some children will be undergoing physical changes associated with puberty. Most girls will have started their growth spurt, making them temporarily taller and heavier than boys.

PHYSICAL DEVELOPMENT*

6 YEARS	Becomes more slender with longer arms and legs; babyhood physique continues to disappear. Loses baby teeth which are replaced by the first permanent teeth. Is constantly active. Prefers running over walking. May have frequent minor tumbles and scrapes.
7 to 8 YEARS	May look lanky due to thin body and long arms and legs. Becomes better coordinated; movements become more fluid and graceful. Develops improved sense of balance and timing. Enjoys sports, especially boisterous games. Enjoys roller-skating, skipping, and jumping rope.

(continued)

**These charts are not exact timetables for development. Individuals may perform certain activities earlier or later than indicated in the charts.*

9 to 10 YEARS	Continues to improve coordination. Improves sense of balance and timing. May develop particular physical skills. Enjoys organized games. Can run, kick, throw, catch, and hit. Improves small muscle skills. Is able to use hands skillfully in building models, learning handcrafts, or using tools. Enjoys drawing.
11 to 12 YEARS	May grow little in height (male). May experience growth spurt (female). May begin menstruation (female). Enjoys sharing activities with friends of same sex. Likes to test strength and daring (male). Becomes very conscious of clothes and overall appearance (female).

INTELLECTUAL DEVELOPMENT

6 YEARS	Asks more complex questions than just "Why?" and wants detailed answers. Concentrates on doing one activity for longer period of time. Has improved memory. Has better understanding of the concept of time. Is inquisitive and eager to learn in school. May begin to understand concepts of seriation, conservation, reversibility, and multiple classification.
7 to 8 YEARS	Accepts idea of rules and accepts fact that harm might result if rules are not followed. Understands concept of time. Has longer attention span. Understands value of money and may be ready for an allowance. Favors reality; is less interested in fairy tales. Begins to show interest in the collection of certain objects. Likes to help teacher. Enjoys reading animal stories and space age stories. May show interest in stories about children of other countries. Refines concepts of seriation, conservation, reversibility, and multiple classification.
9 to 10 YEARS	Is able to consider more than one conclusion to problems or choices. Understands more about truth and honesty. Likes to act in a more adult manner. Is still enthusiastic about learning. Likes games that involve mental competition. Enjoys quizzing parents and impressing them with new facts. Shows increasing capacity for self-evaluation. Enjoys mysteries and secrets. May show less interest in TV programs. May continue to show interest in the collection of certain objects. Has vocabulary of about 5400 words. Has better use of language and is able to converse with adults.

(continued)

11 to 12 YEARS	Is able to detect problems in daily situations and work out solutions. Grasps math concepts and applies them to daily activities. May like group projects and classes based on cooperative effort. Likes active learning—reading aloud, reciting, and science projects. Likes to recite in front of class if self-esteem is secure. May allow peer relationships to affect schoolwork. Has vocabulary of about 7200 words. May enjoy lengthy conversations with grandparents or teachers. May enjoy long periods of solitude to think or to work on projects like building models. May show interest in reading; mysteries, adventure stories, and biographies are favorites. Understands concepts of seriation, conservation, reversibility, and multiple classification.

EMOTIONAL AND SOCIAL DEVELOPMENT

6 YEARS	Becomes more socially independent; chooses own friends. May feel less jealous of siblings as outside interests become more important. Is still egocentric, but is becoming interested in group activities. May still have a hard time waiting and taking turns. Wants desperately to be right and to win. Tattles often to check sense of right and wrong. Is full of energy and ready for new challenges. Wants all of everything; making choices is difficult. May have nightmares.
7 YEARS	May seem withdrawn and moody. Likes to spend time alone or in the background. May feel that everyone is against him or her. Wants and needs approval of adults and peers. Is very conscientious; strives hard to please. Is sensitive and hurt by criticism.
8 YEARS	Shows more spirit; is willing to try just about anything. May turn to tears and self-criticism upon failure, but recovers quickly. Is able to get along well with others. Chooses companions of same sex and same age. Is very sensitive to what others think. Shows intense interest in groups. Wants to look like and act like peers. Enjoys group activities in organizations and in own secret clubs. Chooses a best friend but may change best friends often.

(continued)

9 YEARS	Is relatively quiet. Worries about everything. Complains a lot. Has definite likes and dislikes. Begins a new drive for independence; resents being "bossed" by parents. Knows right from wrong; will accept blame when necessary, but offers excuses. Shows increased interest in friends and decreased interest in family. Is interested in group's activities and concerns.
10 YEARS	Is happy with life in general. Likes people and is liked by others. Is dependable and cooperative. Obeys adults easily and naturally. Likes to accept responsibility and tries to do things well. Likes praise and encouragement. Still has strong group spirit, but it may be diminishing. May begin to show more loyalty to a best friend than to the group, especially girls. May enjoy being part of a team.
11 to 12 YEARS	Is less self-centered. May express great enthusiasm. Likes to plan and to execute plans for the group. Is willing to reach out to others for friendship. Has improved social skills. May show more tact, especially with friends. Is patient and friendly with youngsters. May become moody if puberty has begun. May show signs of emotional turmoil if puberty has begun. Has strong desire to conform to peers' ways of dressing and behaving.

In general, the school age years are full of fun and activity.

to Review

1. List five ways parents can help their children achieve readiness for school.
2. Name three advantages, three physical risks, and three psychological risks of athletics for school age children.
3. What is the basic rule for parents to follow as they decide if and when their children should begin sports?
4. What is the most important role for parents whose children are involved in sports activities?
5. Children's interest in schoolwork is often affected by their __________ relationships.
6. Define the following intellectual achievements of the school age years: multiple classification, conservation, seriation, reversibility.
7. Explain how parents can help their children learn to read, write, use math skills, and understand concepts of science.
8. Why is tattling a common behavior among six-year-olds?
9. Describe a typical seven-year-old in terms of general emotional and social development.
10. Group activities among children of the same sex are popular throughout the school age years. At what age does this same-sex group interest reach a peak? Is it stronger among boys or girls?
11. Why are secret clubs with lots of rules popular among school age children?
12. Why do many parents consider ten to be a child's ideal age?
13. Should parents allow their school age children to invite their friends home? Why or why not?
14. Why should parents try not to overreact as their school age children conform to some of the "in" ways of dressing, behaving, and speaking?

to Do

1. Attend a sporting event involving school age children, such as a Little League game. Take mental notes about the children's ages, the coaches' attitudes, the parents' involvement, the condition of the facilities, and the use of protective equipment. Report your findings to the class and ask class members to discuss how they would like to see their children involved in sports if they were parents.
2. Working in small groups, write "how to use" directions for common home appliances. Keep in mind that these directions would be used by children as well as adults. Give a demonstration using the directions you wrote. Decide if they are clear enough for school age children.
3. Discuss safety concerns for school age children. Investigate community involvement and parental responsibility in guarding the safety of children as they walk and ride to school, play on school grounds, visit shopping malls, and play inside their homes.
4. Discuss the importance of reading for children and explain how parents can help their children learn to enjoy reading. Research the sources of reading materials available for children in your community.
5. Observe the social patterns of a class of school age children. Pay special attention to same-sex group interest, secret clubs, best friends, interest in a group's activities, conformity, and girl-boy socialization.
6. Discuss the importance of friends to school age children. What can parents do to encourage healthy friendships? What can they do if they are concerned about their children's friends?

If good family relationships have been established, the period of adolescence can be a time for both parents and their teenagers to enjoy family life.

13

Parents and their teenagers

This chapter will help you identify steps in the physical, intellectual, emotional, and social development of teenagers. It will also help you recognize the teenage years as a period of time that both parents and their teenagers can enjoy as teenagers make the transition from the dependency of childhood to the independency of adulthood.

Many parents reflect back with satisfaction on the guiding and protecting roles they have played in the lives of their young children. These same parents may brace themselves for battle as their children reach the teenage years. Unfortunately, our society tends to focus on the rebellious aspect of teenage behavior. In reality, most teenagers slowly and steadily gain their independence in ways which are socially acceptable.

Adolescence has no specific beginning or end. Nor can it be described in specific terms that apply to every teenager. Adolescence is a transitional time during which people graduate from the dependency of childhood to the independency of adulthood.

The adolescent years are years of change, but both parents and teenagers sense that these changes are signs of growth toward maturity and self-sufficiency. The ease with which these changes take place depends largely upon the quality of family relationships that have already been established. If parents and their teenagers love and respect each other, the teenage years will be a period for enjoying family life and renewing the basis for family trust.

Both parents and teenagers can be reassured with the knowledge that for most of the time for most people, the teen years are positive and without major difficulty. One of the most troublesome aspects of adolescence is that many people do not fully understand this period of development. With so many physical and emotional changes occurring so quickly, both parents and their teenagers may become confused. By gaining more knowledge and combining it with a loving and caring family structure, both parents and teens will be able to cope with the changes more successfully.

PHYSICAL DEVELOPMENT

The most dramatic changes in physical development that occur during adolescence are those related to puberty. *Puberty* refers to the time when reproductive organs mature and secondary sex characteristics appear. *Secondary sex characteristics* include the growth of beard and change of voice in boys and the development of breasts and widening of hips in girls.

The timing for physical changes during adolescence is different for girls and boys. Girls may start their growth spurt by age 11 or 12, while boys' growth spurt generally starts two years later. Because of their head start, girls in general are taller and heavier than boys for a few years. Then in the early teen years, boys catch up and pass girls in height and weight.

Besides the obvious differences in growth patterns between boys and girls, dramatic differences in growth can also be seen within a given set of peers. Close friends of the same sex may be quite different in size and worry about such differences. These differences are hard for young people to accept at a time in their lives when they all would like to be the same. See 13-1.

Physical changes during adolescence follow a patterned sequence, despite the differences in timing. After a period of very little growth, the growth spurt occurs, accompanied by several other physical changes.

Because the growth spurt follows a period of very little growth, it may come as a bit of a surprise. Adolescents may become upset when their legs suddenly stick way out of their favorite jeans. At the same time, parents may complain about having to buy more and more clothes for their children in larger and larger

13-1 During adolescence, friends of the same age and same sex may be quite different in size. The differences may be hard for them to accept.

sizes. If parents and children can laugh together over these incidents, the process of growing up is made much easier.

Puberty involves many physical changes in addition to the growth spurt. The skull grows larger. The jaw lengthens, the chin becomes more pointed, and the nose increases in size. These changes result in a longer, less childlike profile. Other changes affect the reproductive system. The ovaries (in girls) and the testes (in boys) increase the production of sex hormones.

During puberty, a boy's neck thickens, his shoulders widen, and his waist narrows. His muscles develop rapidly and double in strength. His voice drops from a high pitch to a lower pitch. Hair appears on his face, under his arms, and in the pubic area. His sex organs increase in size. He may start to have nocturnal emissions (wet dreams). These first ejaculations may be quite traumatic for a boy if his parents have not given him any information. Parents need to be frank in these discussions, using proper terminology. Parents who communicate openly with their son will be able to help him cope with all of these changes. They can reassure him that all boys go through the same developmental changes related to puberty, but that each has his own timetable.

A girl also undergoes a number of physical changes related to puberty. Her breasts become fuller, her hips widen, and pubic hair appears. She experiences menarche, her first menstrual period. This usually happens at about age 12 or 13, although anytime between age 9 and 17 is considered normal. Her menstrual periods may be scanty and irregular for a few months until her reproductive system matures. A parent may help relieve a girl's anxiety about these changes by giving her accurate information about her developing reproductive system. She needs to know that all girls experience these changes, but at different ages.

Since different parts of the body grow and mature at different rates, teenagers may feel awkward and out of proportion at times. They may occasionally act rather clumsy, and they are very self-conscious about their behavior. Parents can help by overlooking their clumsiness rather than focusing more attention on it.

Parents and teenagers should keep in mind that adolescence is a transitional stage between childhood of the past and adulthood of the future. Knowing this, the physical changes of adolescence are easier to accept. The changes occur in every teenager's life. The differences in how teenagers accept the changes are based mainly on how others react. Parents can add to their teenagers' worries, or they can offer reassurances, 13-2. Parents who provide helpful information and counsel along with a friendly sense of humor help their teenagers take giant steps toward maturity.

13-2 Parents need to be supportive of their teenage children when they are experiencing physical changes.

Anorexia nervosa

Because of the frantic concern over weight gains during the teen years, some adolescents become victims of *anorexia nervosa*. This is an eating disorder in which people voluntarily starve themselves. They have distorted images of their bodies. Even when they look like skeletons, they pinch their skin and complain about how fat they are.

Both adolescents and adults, male and female, may suffer from anorexia nervosa. More women are affected than men, perhaps because our culture's "ideal woman" is skinny, while the "ideal man" is muscular. Teen girls may be especially prone to this disorder. This is partly because during puberty the female hormones add a layer of fat on the buttocks, hips, chest, and arms. Also, many girls of this age lose interest in active hobbies such as sports. They may spend more of their time in less physically demanding activities. Boys do not have this hormonal weight gain; their body patterns tend toward leanness.

Bulimia is an eating disorder often asssociated with anorexia nervosa. Bulimia is sometimes called the "binge-purge" syndrome. Persons first go on a food binge, eating all the food they want. Then they purge themselves of the food by vomiting or taking laxatives or diuretics. At first this may sound like a great way to be able to eat anything and everything without gaining weight. The problem is that people become hooked on the bingeing and purging pattern. Their bodies become unable to digest food. The malnutrition and nutrient losses that result cause many health problems and may even lead to death.

Parents who believe their teenager may have symptoms of anorexia nervosa or bulimia should consult their family physician. Waiting will only make the problems worse. Once these eating disorders are out of control, they are dangerous and difficult to cure. The physical symptoms must be addressed first to ensure the teenager's health. Then emotional symptoms must be examined. People who suffer from eating disorders often have poor self-images and are under a great deal of personal stress. These problems must be resolved if they are to be completely cured.

Dieting is a way of life for many teenagers, especially girls, and most can keep their dieting under control. It does little good for parents to tell their teenagers that they look fine when the teenagers are worried about their weight. A better approach is to make sure meals are nutritious, but low in calories (kilojoules). Parents can also try to keep plenty of the right kinds of snacks on hand. Fresh fruits and vegetables and whole grain cookies are better than chips, colas, and candy. In addition, parents can encourage their teenagers to participate in physical activities, 13-3. The best plans for weight control are those that combine exercise and a well-balanced diet.

Health risks of smoking

The health risks associated with smoking are so well documented that responsible parents should discourage their children from starting to smoke. Parents who smoke must come to terms with their own habit if they hope to have a positive influence on their children. Peer pressure may tempt teenagers to start smoking, but parents should let their teenagers know that they do not approve of smoking.

Teenagers are often more health conscious than adults. If factual material about cancer, emphysema, and heart disease is presented to them, they are likely to listen. Parents may want to share written information from the American Cancer Society and other agencies with their teenagers.

Health risks of drinking

More and more teenagers in our country are developing drinking problems. This fact causes many parents to worry about their teenagers as they begin to establish friendships and patterns of social behavior.

Studies show that the drinking patterns of teenagers correlate positively to the drinking patterns of their parents, friends, and other people in their communities. Parents are particularly important role models for their children. Teenagers notice their parents' behavior, whether it is avoiding all alcohol, drinking in moderation, or having drinking problems. They are likely to copy the behavior they see.

Parents need to provide their teenagers with factual information about alcohol. Teenagers need to know that alcohol acts as a depressant and that it may cause gradual damage to the heart, liver, and judgment center of the brain. Parents should explain the laws related to alcohol use as well as the consequences of driving while under the influence of alcohol.

13-3 Parents can encourage their teenagers to use exercise and a well-balanced diet to keep their weight under control.

In addition to the facts, parents also need to let their teenagers know how they feel about the use of alcohol, 13-4. Parents can help their teenagers by setting clear standards for drinking that are in line with the family's values.

Health risks of drug abuse

Parents may wonder whether or not they should give their teenagers information about the use and abuse of drugs. In almost all cases, the answer is yes. Teenagers who are armed with accurate knowledge of the effects of drugs are more likely to avoid drug abuse.

Teenagers who start experimenting with drugs do so most often because they are in a social setting where they want to go along with their friends. Parents can help prepare their teenagers by discussing the types of situations in which drugs might be introduced and ways their teenagers could say no. Parents can also help by becoming knowledgeable about drug use and abuse so that family discussions can be calm and frank.

All family members should realize that any drug, legal or illegal, may be harmful if used improperly or in excess. The effects of drugs differ from person to person. The effects vary according to the physical and psychological health of the person as well as the dosage used.

Parents who suspect that their teenager may have a drug problem should try not to overreact. Instead, they should try to focus on the medical and legal problems at hand and on the immediate dangers facing their child. Professional help should be sought if needed. The teenager needs to know that his or her parents are concerned and that they have his or her best interests at heart. By providing guidance and support, parents are sending out the message, "We care about you."

Sexual health and the teenager

With the dramatic hormonal and physical changes of adolescence, new feelings about sex may occur quite naturally. Both girls and boys may have increased sex drives, but they often react differently. Girls' feelings about sex tend to be emotional, often linked to closeness and tenderness. Boys' feelings about sex tend to be physical.

The majority of teenagers control their new feelings well. They do not begin intimate relationships until they are mature enough to deal with the resulting emotions and responsibilities. However, the trend among teenagers is toward more permissive sexual attitudes.

Many medical authorities believe that the chief physical health issue facing teens today

13-4 Parents need to tell their teenagers the facts about alcohol as well as how they feel about the use of alcohol.

is promiscuity. Statistics show that between 30 and 40 percent of all girls become pregnant during their teen years. About one million teenage girls become pregnant each year. Well over half of them are unmarried; 20,000 are 14 years old or younger. Pregnancy compounds problems of physical health for teenage girls. Other health problems related to promiscuity are sexually transmitted diseases. These diseases can pose serious health risks. In addition, they may complicate the future lives of teenagers and of those with whom they form relationships.

Ideally, parents and their teenagers should be able to talk openly about sex. Parents need to listen to their teenagers when they are ready to talk or ask questions. Although teenagers are physically mature, they may not be emotionally mature. They may need guidance and support from their parents in order to make responsible decisions about sexual issues.

Teenagers need factual information about their physical and sexual maturity. Parents can help their teenagers by providing them with the facts or at least leading them to factual sources of information. Many schools, community organizations, and religious groups provide educational sessions. Sometimes parents and teenagers can attend these sessions together. This allows the positive role of sexual expressions to be presented within the context of home and family.

INTELLECTUAL DEVELOPMENT

During the teen years, students leave elementary school or middle school and enter high school. They must adjust to different schedules, new teachers, and many more classmates. All of these changes may be rather unsettling for children. There are many ways parents can help them adjust. They can take part in orientation programs. They can express interest in their children's school experiences, in both classes and extracurricular activities. They can watch their children's progress and share in their pride of accomplishment. Also, parents can make sure the home is a comfortable place where children feel safe and secure, free from the pressures of school.

The intellectual development of teenagers is centered around school. Even so, parents play an important role. If they are enthusiastic about education, they can help their children develop a positive attitude about school. See 13-5. With a positive attitude, teenagers are more likely to enjoy their classes. If they enjoy learning, they are more likely to develop good study habits. With good study habits, they are more likely

13-5 By being supportive of their schoolwork, parents can help their teenagers develop a positive attitude about school.

to do well in school. When they do well in school, the cycle is likely to continue. They will enjoy learning even more, study even harder, and do even better. The key to the whole process is a good attitude, and that's where parents can really help.

The major steps in intellectual development during the teen years are in ways of thinking. Students learn to think generally, symbolically, and abstractly. Certain lessons lay the groundwork for forming general theories and then testing them. Other lessons are designed to refine symbolic thinking in which symbols are used in the place of real objects. Lessons to develop abstract thinking go a step further. They are designed to help students understand matters that exist only as thoughts or rules, without any physical existence, real or unreal.

Decision-making skills

Parents often tell their children, "Make up your mind," or "Decide what you want to do and do it!" Children could follow these orders easily when they were young and their choices were simple. Choosing between a cherry or an orange Popsicle is not a tough decision.

As children grow older, their decisions become more difficult. Also, the consequences of their decisions become more important. By the time they reach their teenage years, children face many tough decisions that will affect the rest of their lives. They need to know how to make good decisions. Thus, learning decision-making skills is one of the most important aspects of teenagers' intellectual development.

The decision-making process. The basic decision-making process includes six steps. Each step serves a purpose. No step should be skipped. When teenagers first use the decision-making process, they may want to write each step on paper. This helps them learn to use the entire process correctly.

Step one: State the decision to be made. This step may sound too simple to be important. It isn't. In fact, this step stumps a lot of people. They may feel upset and frustrated by everyone and everything. They may feel overwhelmed by all the decisions they face. People cannot make any progress until they pinpoint the one decision that needs to be made first.

Step two: List all possible alternatives. This means writing *all* alternatives on paper. People are sometimes amazed at all the possibilities that come to mind as they make a written list.

Step three: Evaluate the alternatives. Consider the pros and cons of each alternative listed in the previous step. Think about the consequences of each.

Step four: Choose one alternative. Make a decision based on the evaluation of each of the alternatives.

Step five: Act on the decision. Once the decision is made, appropriate action should be planned and taken.

Step six: Evaluate the results. This last step is perhaps the most important one. People need to look at the results of their decisions. They need to see how their decisions have affected other people as well as themselves. Once they recognize the consequences of their decisions, they must accept responsibility for those consequences. If the consequences are good, they will have the satisfaction of knowing that they have made good decisions. If the consequences are bad, they will know that they can make other decisions to try and improve the consequences of their previous decisions.

No one is ever locked into a decision. If while reviewing the results of a decision, the decision looks like a bad one, a change can be made. Simply "sticking it out" won't make a bad decision any better. If a change is made, however, responsibilities involved will continue to apply.

The basic decision-making process shown in 13-6 is adaptable. It can be used as a guide when making any kind of decision. Ideally, teenagers should become familiar with the process by using it to make relatively easy decisions. Then they will be prepared to use it when faced with difficult decisions.

Parents can help their teenagers develop decision-making skills. They can encourage teenagers to learn the decision-making process. They can encourage teenagers to make their own decisions and to accept responsibility for the consequences of their decisions. Teenagers who accept these challenges learn that they are in control of their own futures.

EMOTIONAL AND SOCIAL DEVELOPMENT

Teenagers spend a lot of time thinking about the future. They consider their many options. They recognize their chances for both success and failure. The future is both exciting and frightening, 13-7.

Teenagers often feel insecure as they face the future's many options. Their insecurity may be increased by their desire for independence which pulls them away from the security of their families. At the same time, they may feel even more pressure to perform well socially among their peers and other adults.

In response to the pressures to grow up and do well, many teenagers rush to accept adult roles. They look for jobs, get married, and have children. Other teens take more time to prepare themselves for adult responsibilities. They remain single while continuing their education. Still other teens feel unprepared for adult roles and confused about their futures. They may "drop out" of society for a period of time to find themselves and prepare themselves for adult responsibilities.

Adolescence has its stresses, but so does every other stage of life. Parents may feel like bracing themselves for the emotional ups and downs of their teenagers. Teenagers may feel that they have to display a more decisive, independent air around their families. These feelings are common, but they should not prevent parents and teenagers from maintaining loving, caring

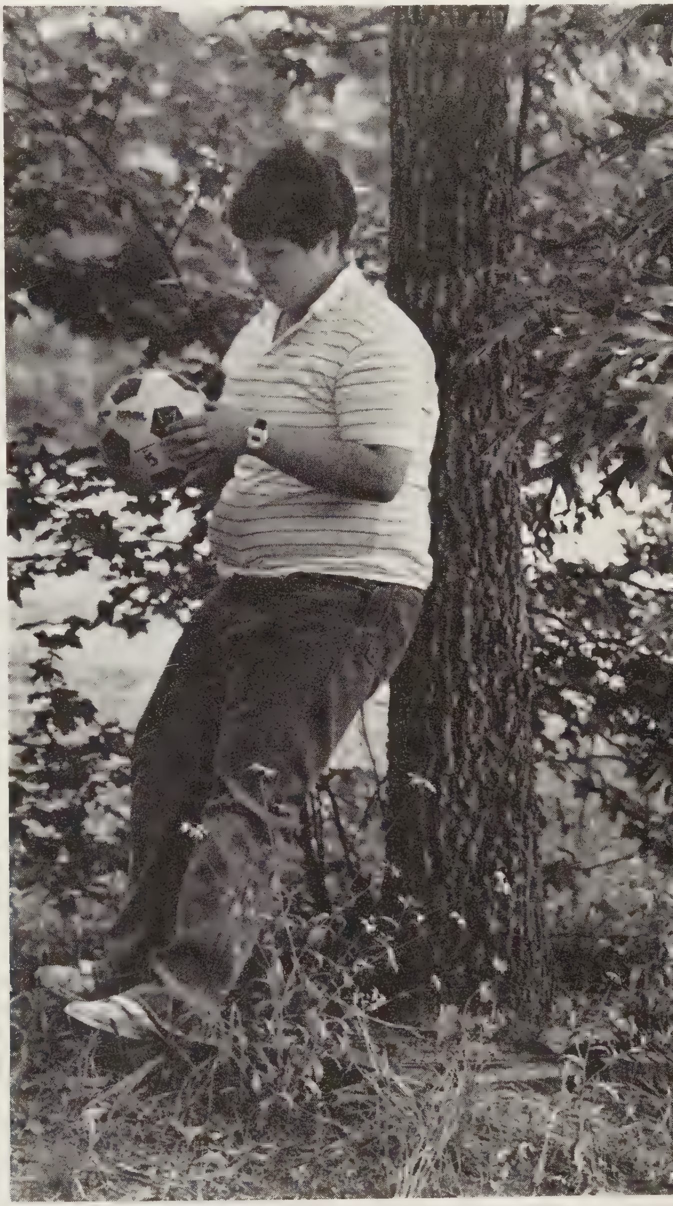
DECISION-MAKING PROCESS

1. State the decision to be made.
2. List all possible alternatives.
3. Evaluate the alternatives.
4. Choose one alternative.
5. Act on the decision.
6. Evaluate the results.

If the results of the decision are good, congratulate yourself for having made a good decision. Keep this positive decision-making experience in your memory for future reference.

If the results of the decision are not satisfactory, accept the responsibility for the consequences. Think about what you can learn from your mistakes. Then begin the decision-making process again to make a different decision.

13-6 The basic decision-making process can be used when making any kind of decision.



13-7 Teenagers think a lot about the future.

relationships. See 13-8.

In spite of bad publicity, most teens do maintain good family relationships. They slowly and steadily establish their independence while keeping family ties intact. Of course, some of the bad publicity is earned. Some teens break away from their parents and cut all family ties. In some other families, parents remain overprotective. They do not want their children to grow up. When the children do grow up during the teen years, conflicts are inevitable.

The emotional development of teenagers is greatly affected by the emotional climate within their homes. With improved intellectual skills, teenagers may begin more discussions ranging from world politics to family policies. In an

13-8 Contrary to popular belief, most teenagers have good relationships with their parents. This teenage son enjoys spending time with his mother.

atmosphere of mutual respect, such discussions can be both interesting and helpful. Learning to give in gracefully when it is obvious that the other person is right is a valuable lesson for all family members. But if teenagers fail to respect their parents, or if parents fail to respect their teenagers, the usefulness of the discussions is lost. Then the discussions are likely to become hostile arguments.

Parents should not feel guilty about setting definite guidelines for the behavior of their children. Guidelines help children build a framework within which they can control their own actions, free from unnecessary scrutiny.

Parents should revise their guidelines for behavior according to the ages of their children. Obviously, young children need more limits and guidelines than teenagers. But even teenagers need guidelines to follow as they gradually develop self-discipline and become more responsible. Sometimes the guidelines come in handy. When faced with peer pressure to do something wrong, teenagers can avoid the situation by falling back on their parents' rules. They can say, "I'd be grounded for the rest of the year if my parents found out about this, so I guess I'd better not go along with you guys."

Adolescence is a time when children impose new burdens on their families' life-styles and daily routines. They may stay out later at night. Their many activities may create irregular mealtimes, 13-9. And busy teens may not have enough time to do their share of household chores. Parents and other family members may become upset. The conflicts will have to be settled in ways that seem fair to everyone. These are times that call for calm discussion, understanding, and cooperation.

13-9 Because of teenagers' many activities, their mealtimes may be irregular.

The teenage years may be eye-openers for teenagers as well as their parents. For the first time, teenagers may recognize their parents as human beings who sometimes make mistakes. Meanwhile, parents may face stresses in their own lives. Along with the teenage-related changes in family life, they may face pressures of peaking career challenges and the reality of reaching middle age.

Friendships

During adolescence, children's interest in friends continues to grow, 13-10. Friendships are of great importance to teenagers, and friends are often a major influence on their behavior.

Teenage friends experience a common bond that unites them. This does not mean that the relationships between teenagers and their parents have to suffer. If teenagers seem to be showing less interest in their parents, it may reflect a lack of genuine interest from parents. Parents who lose interest miss a special time with their teenage children. Teenagers do not want their parents to be "pals," but they do want their parents to be interested in their friends and in their activities. Parents may even find themselves being "volunteered" for duty. For example, one boy offered his dad as a great receiver for a neighborhood game of touch football.

Although teenagers need to spend lots of

13-10 Teenagers spend a lot of time with their friends and are greatly influenced by them.

time with their peers, they also need time to be alone. One week parents may say, "Our TV room has become wall-to-wall kids." The next week the same parents may worry because their teenager is spending hours and hours alone in his or her room.

Teenagers need time to be alone as they learn to cope with both the good and bad qualities of their peers and of themselves. Disagreements among friends can cause feelings of rejection that can drive a teenager into a quiet room to think and recuperate. Parents should not make light of their teenagers' troubled feelings. Instead, they should respect the teenagers' need to be alone. Parents can help by offering love, support, and understanding.

Dating

Teenagers begin to attend social functions, first in group situations and then on individual dates, at different ages. Parents and teenagers need to talk about what they want and expect from the dating experiences. Dating practices are usually defined by cultural norms, with parents helping to establish those norms over a period of time. Some parents set up their own rules, such as allowing group dating to begin at age 14 and individual dating at age 16.

In many cases, school functions offer the first opportunities for dating. Teenagers may come and leave in groups, pairing off occasionally during the evening. After a while, a certain girl and boy may start having long phone conversations which lead them to a closer friendship, 13-11. Real "dates" may follow shortly, or the young people may continue to enjoy group activities that are loosely made up couples who are interested in each other.

During high school, the pressure to date is

13-11 Long telephone conversations may be part of the dating experience.

great. Many teenagers feel that their social success depends on their dating relationships.

Some boys and girls date each other and no one else. Some couples become serious and talk of marriage. Other teens date different people every weekend. Parents may worry about either of these situations. They may wonder why their teenagers cannot date the same person more than once. They may worry more about couples who seem to be too serious too soon. Parents need to let their teenagers know their concerns. If they can communicate with their teenagers in a trusting and caring way, the situations are more likely to be resolved in a respectful manner.

Parents need to be understanding and supportive as their teenagers experience their first emotional "I'm in love" feelings. Whether it is simply friendship or true love, these relationships help teenagers gain self-knowledge while preparing for other relationships later in their lives.

Parents also need to be understanding and supportive as their teenagers' relationships break up. During these times, parents may be called upon to comfort, advise, caution, forbid, or encourage. They may even be asked to reminisce about their own teenage years.

Self-concept and self-esteem

People's thoughts about themselves, or *self-concepts*, change throughout their lives. As teenagers, people may see a difference between what they think they are and what they think they would like to be or ought to be. This is why many teenagers ask themselves, "Who am I?" and "Where am I going?"

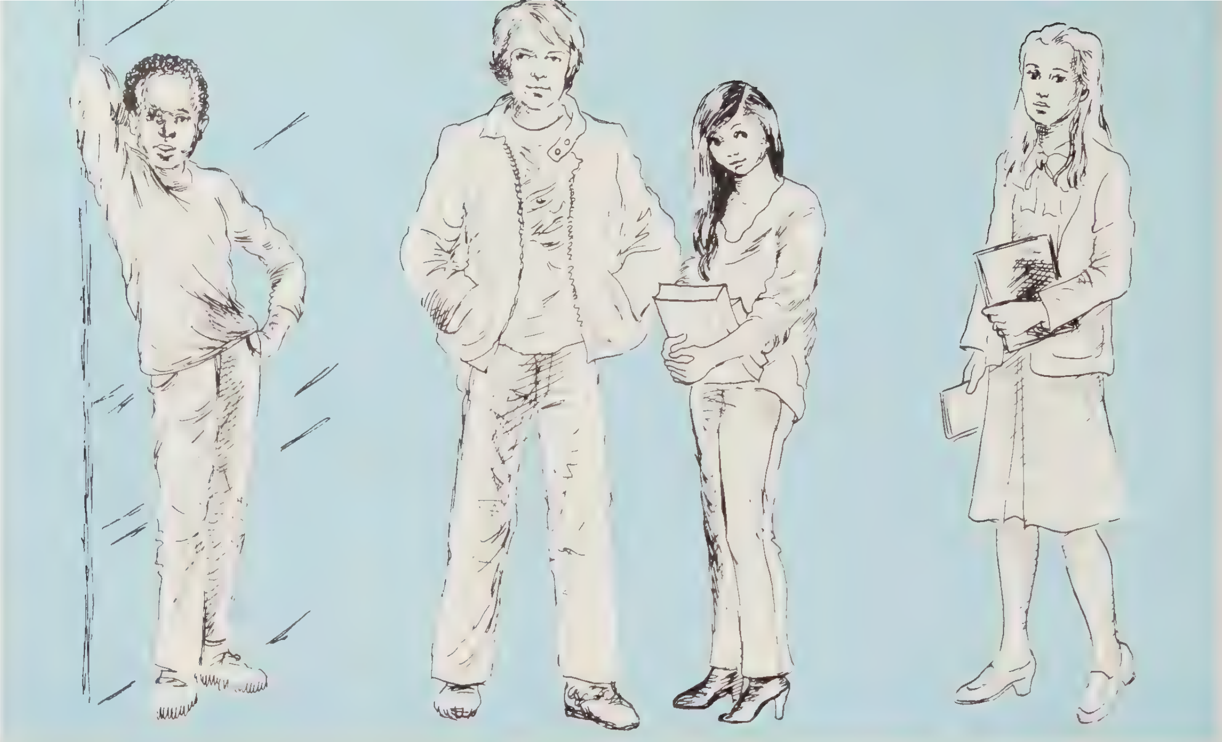
One of the major developmental tasks of adolescence is for teenagers to see themselves as separate from, and independent of, other people. Each person must accept himself or herself as an individual. Each must accept responsibility for his or her own life. To reach these conclusions, teenagers must do some self-analysis, or serious thinking about themselves.

Through self-analysis, teenagers may look at different aspects of their personalities from different points of view. Another of the major developmental tasks of adolescence is to bring these different ideas about themselves together in a unified self-concept. As teenagers form their self-concepts, they are learning who they are, how they feel, what they think, and what they want. They gain the valuable feeling of, "I am me."

Self-esteem is the evaluative aspect of self-concept. It is the positive or negative judgment people make about themselves. Teenagers may judge themselves as excellent or good in some areas and as average or poor in other areas. By watching the reactions of other people, teenagers learn how they are judged by family members and friends. These judgments of others, as well as their own feelings of success and failure, help teenagers develop their self-esteem. Successes build their self-esteem; failures lower their self-esteem. See 13-12. At first, teenagers' self-esteem may switch back and forth between positive and negative views, depending on the day's events. Gradually, a more stable self-esteem emerges.

Self-esteem is just one aspect of a person's self-concept, but it often affects other aspects. People with high self-esteem accept all aspects of themselves, both positive and negative, but they concentrate on the positive. Parents can help their teenagers build their self-esteem and thus form positive self-concepts. They can do this by expressing genuine interest in their teenagers' lives. They can accept their teenagers' faults without excessive criticism while praising the teenagers' successes.

13-12 By taking part in various activities, teenagers have opportunities to achieve successes and build their self-esteem.



The teenage years are a transitional stage between childhood and adulthood. At the beginning of the period, girls in general are taller and heavier than boys. Then boys undergo their growth spurt and pass girls in both height and weight. During this stage, teenagers vary widely in height, weight, and body proportions.

PHYSICAL DEVELOPMENT*

13 to 18 YEARS	**General** Period of little growth is followed by growth spurt. At first, teenager may look awkward and lanky, but as growth continues, body proportions will equalize. Skull grows larger. Jaw lengthens. Chin becomes more pointed. Nose increases in size. Profile becomes longer and less childlike. Acne may develop. **Female** Ovaries increase production of sex hormones. Hormones add a layer of fat on the buttocks, thighs, and arms. Breasts become fuller. Hips widen. Pubic hair appears. Menstruation begins. Ovulation begins. **Male** Testes increase production of sex hormones. Sex organs increase in size. Muscles develop rapidly and double in strength. Shoulders widen. Waist narrows. Neck thickens. Voice drops to a lower pitch. Hair appears on face, under arms, and in pubic area. Sperm production begins. Ejaculations may occur.

(continued)

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* These charts are not exact timetables for development. Individuals may perform certain activities earlier or later than indicated in the charts.

INTELLECTUAL DEVELOPMENT

13 to 18 YEARS

Learns to think generally, symbolically, and abstractly.
Learns to use the decision-making process.
Can solve problems mentally, without having to work with concrete objects.
Can consider several ideas and concepts at one time.
Achieves a new awareness of people and issues.
May think more often about the future.
May speculate about what might be instead of what actually is.
May debate more with adults and parents.
Learns to weigh the relative consequences of an action for the individual and for society.
Can evaluate self and make necessary corrections to get back on the right track.
May be capable of thinking about and comparing moral values.
May insist upon fairness.
May believe that individuals are justified in breaking an unjust rule.

EMOTIONAL AND SOCIAL DEVELOPMENT

13 to 18 YEARS

Strives to establish a sense of personal identity.
May become preoccupied with self-doubt.
May feel lonely or isolated.
May have dramatic mood swings.
May seek to assert independence and autonomy while fighting feelings of insecurity.
May wonder about the future which is both exciting and frightening.
May judge self according to perceived opinions of others.
May be preoccupied with own thoughts and forget the real world.
May experience role confusion while considering all available options.
Seeks independence from parents; some conflict may result, but overall relationship with parents is likely to be positive.
Sees parents as human beings who sometimes make mistakes.
Seeks emotional support which may come from parents or peers.
Is generally influenced more by parents than peers in spite of peer pressure.
May show tendency to conform to peers in early teen years, but later may be able to resist peer pressure.
Tries out different social roles.
Learns to interact with an increasing number of people from home, school, and community.
Is capable of forming close relationships with peers of either sex.

to Review

1. ________ refers to the time when reproductive organs mature and secondary sex characteristics appear.
2. True or false. For the first few years of adolescence, girls in general are heavier and taller than boys.
3. Describe how the skull, jaw, chin, and nose change during puberty.
4. List six physical changes that occur in boys and four physical changes that occur in girls during puberty.
5. What is one probable reason why more women than men are affected by anorexia nervosa?
6. Describe the eating pattern of persons with bulimia. Why is this dangerous?
7. True or false. Teenagers whose parents are alcoholics are less likely to start drinking because they have seen the problems that drinking causes.
8. Why should parents give their teenagers information about the use and abuse of drugs?
9. According to many medical authorities, what is the chief physical health issue facing teens today?
10. What important role do parents play in the intellectual development of their teenagers?
11. When teenagers can understand matters that exist only as thoughts or rules, without any physical existence, they have developed what kind of thinking?
12. List the six steps of the decision-making process.
13. How do teenagers benefit from parental guidelines?
14. How can parents help their teenagers build self-esteem and thus form positive self-concepts?

to Do

1. Invite a doctor to speak to your class about the occurrence of anorexia nervosa and bulimia during the teen years. Ask questions about the potential consequences of allowing these disorders to go untreated.
2. Collect up-to-date information about the use of tobacco, alcohol, and drugs. Set up a file in the classroom so the information is available to all students. Discuss how class members think they would feel as parents of teenagers confronted with decisions about tobacco, alcohol, and drugs.
3. Apply the decision-making process to a typical situation faced by teenagers.
4. As a class, devise a code of conduct that seems workable for teenagers today. Discuss the role that parents should play in setting limits. Also discuss how parents' positive or negative attitudes affect teenagers' attitudes toward the parental limits.
5. Discuss the importance of a good emotional climate within the home. List ways in which the teen years impose new pressures on family life-styles and ways in which parental pressures peak during these years. Cite the importance of mutual respect during this time.
6. Ask a psychologist who works primarily with adolescents to speak to your class about the development of self-esteem and a self-concept. Be prepared to ask questions such as: How do parents influence the self-concepts of their children? What contributes to a negative self-concept? How can this be changed? What contributes to a positive self-concept? How can this be enhanced?

Teenagers make important advances in all areas of development.

JAYCEE

part four

The challenges of parenthood

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There is no magic formula for rearing children, but by reading various theories and guidelines, parents can gain knowledge that will help them decide how they want to guide their children's development.

14

Theories and guidelines

This chapter will help you understand the developmental theories of Piaget, Erikson, and Freud. It will also help you recognize contemporary child specialists and parent assistance programs and assess how their theories and guidelines help parents establish good parent-child relationships.

Caring parents want to find the best way to raise their children. However, there is no magic formula for successful parenting. Perhaps the smartest plan for parents is to study theories of well-known child specialists and guidelines of current parent assistance programs. Then parents can combine those ideas with their own intuition and common sense.

PIAGET'S THEORY OF INTELLECTUAL DEVELOPMENT

Jean Piaget's theory states that intellectual development in children has clearly defined stages. These stages occur in a continuous sequence. Each stage builds upon the preceding one. Keep in mind that although each stage is described in terms of specific ages, children are individuals who develop at their own rate.

Sensorimotor stage

Piaget refers to the first stage of intellectual development as the sensorimotor stage. In this stage, children learn about the world through their senses and their body movements, 14-1. The sensorimotor stage lasts from birth to one and one half or two years of age. This stage of development may be further divided into six steps:

Step one. At birth, infants are concerned only with themselves. They are not selfish; they simply are unaware of anything other than themselves.

Step two. From about one to four months of age, babies are learning to put together two separate actions. For instance, babies may wave their fists and then bring them to their mouths to be sucked.

Step three. The next step occurs between the ages of four and eight months. Babies learn to turn away from movements centered on themselves in order to respond to some other stimulus. They develop new response patterns and repeat actions that they may have started accidently. They may bump a rattle, and when it makes a noise, they will try to bump it again.

Step four. Intentional behavior is learned at eight to 12 months. Babies learn that certain actions lead to certain results. They also learn to follow an object with their eyes until it no longer can be seen. The game of "peek-a-boo" delights babies at this stage because of the reappearance of the hidden but expected object.

Step five. The next stage occurs from 12 to 18 months of age. Children begin to experiment by the trial and error method in order to see what will happen. For instance, a toddler may push a cracker off the tray of a high chair and then watch it fall to the floor. The parent may not be thrilled with the messy results, but the process is a learning experience for the baby.

Step six. The final step in the sensorimotor stage occurs between 18 and 24 months. This is when children begin to experiment mentally as well as physically. Children think about how

14-1 As these twins progress through the sensorimotor stage of intellectual development, they will learn about the world through their senses and their body movements.

they would do something, without actually doing it, until they reach a satisfactory solution. Piaget calls this the "invention of new means." Children can move from physical to mental operations following this step.

Preoperational stage

This stage extends from about age two to seven. In this stage, children learn by using language and mental images instead of sensorimotor activities. See 14-2.

Make-believe play is an important part of children's intellectual development at this stage. It gives children chances to create all kinds of mental images and to express those images through play. Imitation is a useful kind of play at this stage, too. When children first go to kindergarten, they come home and immediately start "playing school." By imitating this new experience in their lives, they are learning.

Children at this stage are still egocentric. They think mostly from their own point of view. They have difficulty putting themselves in the place of another person.

Children this age are likely to describe events in relation to their own lives. For instance, they may think the sun follows them from place to place. They may think a blizzard occurred because they were mad at their friends.

Concrete operational stage

The concrete operational stage begins at age six or seven and continues until about age 11. In this stage, children are increasingly able to

14-2 During the preoperational stage, children enjoy make-believe friends. This kind of play allows them to create a variety of mental images.

resolve complex problems as long as they have some visual aid.

One of the important learning achievements of this stage is an understanding of conservation. Children learn that a given amount of anything remains the same (is conserved) even if its shape is changed. For instance, when children pour water from a tall, narrow glass into a short, wide glass, they realize that the amount of water remains the same, 14-3. Other learning achievements include reversibility, multiple classification, and seriation. These concepts are described in Chapter 12.

Formal operational stage

The formal operational stage begins at age 11 or 12 and extends into adulthood. People in this stage can think about abstract ideas like loyalty and freedom, 14-4. They can deal with more complex problems, finding several solutions and then choosing the most logical one. They can reason about ideas and events of the past, present, or future.

ERIKSON'S THEORY OF PERSONALITY DEVELOPMENT

Erik Erikson's theory of personality development is based on eight stages of life. Each stage presents conflicts that require individuals to modify their personalities and adjust to their social environments. The ways individuals resolve these conflicts are influenced by their parents' attitudes and actions as well as by other people and environmental factors.

According to Erikson, personality development is an ongoing process throughout life. The adjustments people make at each stage are not irreversible. But they do influence the person's overall personality. The progression of these stages is shown in 14-5. They lead to either a stable or an unstable personality.

14-3 Children understand conservation when they realize that pouring juice from a tall, narrow container to a short, wide container does not change the amount of juice.

14-4 During the formal operational stage, teenagers enjoy discussions about abstract ideas, complex problems, and issues of the world.

ERIKSON'S THEORY OF PERSONALITY DEVELOPMENT

STAGE OF LIFE	APPROXIMATE AGE	STEP TOWARD STABLE PERSONALITY	STEP TOWARD UNSTABLE PERSONALITY
1	birth to age 2	trust	mistrust
2	ages 2 and 3	autonomy	shame and doubt
3	ages 4 and 5	initiative	guilt
4	ages 6 to 11	industry	inferiority
5	ages 12 to 18	identity	role confusion
6	early adulthood	intimacy	isolation
7	middle age	generativity	self-absorption
8	late adulthood	integrity	despair

14-5 According to Erikson, personality development is an ongoing process throughout all eight stages of life.

Stage one

Erikson described the establishment of a sense of basic trust as the important task of the first years of life. Lucky are the infants whose needs are met when they arise, whose discomforts are quickly removed, and whose parents are willing to cuddle them, play with them, and talk to them. These infants will establish a sense of trust, 14-6. They will grow to see the world as a safe place to be and people as helpful and dependable. They will have a head start on developing a healthy and stable personality.

Infants who receive inconsistent care and little love and attention are likely to establish a basic sense of mistrust. They may develop an attitude of fear and suspicion toward the world in general and toward people in particular. If mistrust is established during infancy, the personality will have a weak foundation.

Stage two

Erikson's second stage, autonomy, covers the time span when children are two and three years old. Children move from a sense of basic trust to one of autonomy. This means children learn to move out into the world with a feeling of security. As children gain these feelings of autonomy, parents see the children develop minds of their own. Children might begin to say "no" and make choices. If children feel that their parents are reliable and caring, they can move farther into the world, knowing that they can run back at will. This feeling of security makes it possible for children to become independent and thus establish a sense of autonomy. See 14-7.

This new feeling of autonomy is possible, in part, because of children's improving motor skills. They take pride in their new skills and want to do everything themselves. If they are allowed to do what they are capable of doing, at their own pace, they develop a sense that they can control their own behavior and their environment.

When, however, parents or caregivers are impatient and do for children what they are capable of doing themselves, children learn to doubt their own abilities. Also, if children are

14-6 The establishment of a sense of basic trust is the important task of the first years of life.

criticized or scolded for spilling or breaking things, they develop an excessive sense of shame. They begin to doubt their own abilities to control themselves and their world.

If children leave this stage with a healthy sense of autonomy, they will feel good about themselves and will move on with their lives. If they feel discouraged and inhibited about their own abilities, they will view themselves and the world with doubt.

Stage three

Erikson calls the third stage initiative. This stage covers children who are four and five years old. Children at this stage can initiate activities of their own. They can imagine what they want to do and then do it (or at least try to do it). Their creativity may be seen in their motor activities and language skills. It may even extend into their social behavior in the form of "clowning."

How children develop this sense of initiative depends to a large extent on how their parents respond to their self-initiated ideas. See 14-8. Children need to be given chances to think up their own play ideas and to put those ideas into action. They need chances to create ideas for both individual play and play with friends. They need to have the freedom to develop intellectual initiative by thinking up questions

14-7 A developing sense of autonomy can be seen as this little cowboy gives the appearance of feeling completely secure riding his pony.

14-8 When children decide to spend the afternoon catching butterflies and then do so, they are showing initiative.

and forming concepts. Finally, children need their parents' approval and encouragement. They need to know that their play ideas are worth putting into action, that their questions are worth answering, and their concepts are worth discussing.

On the other hand, some children have few opportunities to develop initiative. They are scolded and told that their play activities are bad, noisy, and messy. Their questions are regarded as nuisances, and their ideas are dismissed as silly and stupid. These children are likely to develop a sense of guilt. Their interest in self-initiated activities will lessen, and their personality development will become less stable.

Stage four

Stage four is the period from age six to eleven and is labeled industry. During this stage, children become capable of deductive reasoning and of following rules. They also become interested in how things are made, how they work, and what they do.

When children are encouraged to do, make, or build practical things and to finish their projects, their sense of industry is enhanced. It is further strengthened when children are praised and rewarded for their efforts, 14-9.

Parents who discourage children from doing and making things on their own strengthen the children's sense of inferiority, the opposite of industry. If parents do not praise their children for their accomplishments, the children may feel they can't do anything right. Deep feelings of inferiority may dominate their personalities. They may passively accept their unsuccessful roles in life, or they may misbehave to compensate for their lack of achievement. If they can't get praise for doing things right, they may seek criticism for doing things wrong. Then they are at least fulfilling their need to be recognized for something.

Children's sense of industry can be strengthened or weakened not only at home but also at school. If the school environment discourages children's desire to succeed, then their constant academic failures may create feelings of inferiority. On the other hand, children who have had their sense of industry degraded at home can have it revitalized in school by a sensitive and committed teacher. From this stage on, personality development depends not only on the actions and attitudes of parents but of other adults and peers as well.

Stage five

The fifth stage occurs during adolescence, roughly between the ages of 12 and 18. During this stage, people develop a healthy personal

14-9 Parents should praise their son for the sense of industry he shows by helping his sister learn how to ride her new bike.

identity on the positive side or role confusion on the negative side.

Erikson believes the influence of parents during this stage is indirect. Success, however, depends on the feelings of trust, autonomy, initiative, and industry that parents have already helped their children establish. The achievement of a healthy personal identity must, therefore, begin with the loving care and concern of parents.

At this stage, adolescents bring together all their thoughts about themselves as boys, girls, sons, daughters, brothers, sisters, students, citizens, and so on. If they feel good about themselves, they develop a positive self-identity. They know who they are and where they are going. They have the confident feeling that they are "in control" of their own lives. See 14-10.

Young people who enter adolescence with feelings of mistrust, shame, doubt, guilt, and inferiority become confused. If they cannot form a mental image of their own "special" self, they may become overly concerned with their identity in the eyes of others. They may become the person that others want them to be because they are not sure what kind of person they want themselves to be. Some may adopt an identity set up by their families. Others may adopt an identity opposite to these expectations, such as that of a "loser" or "delinquent" because any identity may be better than no identity at all.

Failure to establish a healthy personal identity during adolescence does not guarantee failure forever. Life is full of changes. Success or failure at any one stage does not guarantee continued success or failure at other stages.

14-10 Teenagers who have achieved a healthy personal identity have enough confidence in themselves to work well with others.

Stage six

The stage of intimacy versus isolation begins in late adolescence and extends into middle age. It is a time for establishing stable relationships with others. It is a time when a person shares with, and cares about, another person without fear of losing himself or herself in the process. See 14-11. Parental influence at this stage is indirect and dependent upon the young person's successes or failures at the earlier stages.

Individuals who feel insecure in their own identity may have difficulty establishing close

14-11 The stage of intimacy begins during early adulthood as people learn how to establish stable relationships.

personal relationships. They may begin to feel isolated and alone. They may continue to live within themselves and may never be able to form effective relationships.

Stage seven

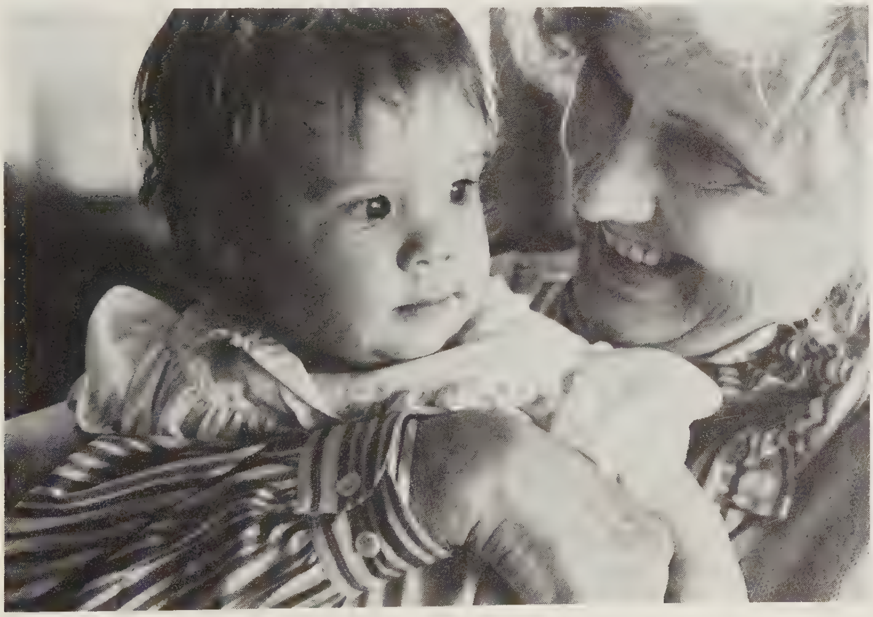
Generativity is the stage that occurs largely in middle age. In this stage, people become concerned with others beyond their immediate families, 14-12. They show concern for future generations and for the nature of society. Parents are not the only ones who go through this stage. Any person who works to make the world a better place for future generations can achieve a sense of generativity. Persons who fail to do so fall into a state of self-absorption, caring only about their personal needs and comforts.

Stage eight

The last stage is integrity. It occurs when a person's major efforts are nearing completion. There is time to enjoy being with grandchildren, if any, 14-13. The person is able to look back on his or her life with a sense of pride.

At the other extreme is the person who looks back on his or her life as a series of missed

14-13 Persons who can look back on their lives with pride have achieved a sense of integrity. At this stage, they may enjoy spending time with grandchildren.



14-12 Persons who show concern for future generations are able to achieve a sense of generativity.

opportunities. The person realizes that it is too late to start again. For such a person, the result is a sense of despair for what might have been.

FREUD'S THEORY OF PERSONALITY DEVELOPMENT

Sigmund Freud founded psychoanalysis. He developed many psychological theories, some of which are controversial. One of his well-known theories is of personality development. This theory is based on three aspects of human functioning which Freud labeled the Id, the Ego, and the Super Ego.

The Id

According to Freud, the Id is the source of psychological and physical tension. It is also the source of a person's instincts related to sex and aggression. The Id doesn't think or reason. It demands immediate satisfaction of its wants and needs. An example of the Id's expression is the hunger cries of infants, 14-14. Infants do not think about being hungry. When they feel hungry, they cry. They want their hunger satisfied immediately, and they usually do not stop crying until they are fed.

14-14 When babies are uncomfortable or hungry they cry, revealing the Id aspect of personality.

The Ego

The Ego deals with logic and controlled behaviors. For example, babies learn that their hunger is not always satisfied immediately. They learn to deal with this reality and will look around and play while waiting for the food that they know will come. This learning to wait is part of the socialization process.

One of the most important functions of the Ego is that of dealing with anxiety. Babies need to be comforted when they are anxious, but as they grow, children learn to cope with their own anxieties. Children develop their own defense mechanisms to deal with their feelings of anxiety. See 14-15.

The Super Ego

The Super Ego is a person's moral code. It further develops the socialization process. Rules and values which at first are outside the person are internalized. They become part of the person's personality, 14-16.

The Super Ego has two parts: the conscience

14-15 Babies need to be comforted by others. But as they grow and develop the Ego aspect of personality, they will learn to cope with their own anxieties.

and the ego ideal. The *conscience* helps people make judgments about what is right and wrong. When children do something that they think is wrong, they feel guilty. The ability to feel guilty rather than simply fear punishment is a sign of a well-developed conscience. The *ego ideal* holds up high standards toward which people can strive. Children who do not live up to these standards may experience shame or a loss of self-esteem. Thus, feelings of guilt and shame are the work of the Super Ego.

OTHER CHILD SPECIALISTS

Bookstore shelves are full of books about parents and children. Some are written by qualified psychologists and physicians. Some are written by experienced parents. Others are written by people who see the opportunity to make money by expressing their own opinions about raising children.

Parents and prospective parents can gain valuable knowledge from books. But they should be careful to read the books with a critical eye. They will need to adapt what they read to their own situations and their own children. No author can know a child as well as that child's own parents. Besides, parents who become too intent on raising their child exactly according to a book may never pause long enough to relax and enjoy their parenting roles.

In spite of the valid cautions, parents should be encouraged to read about child development. Parents with knowledge of development patterns have confidence in themselves as parents. They know what kind of behavior to expect, and they know how to deal with it. Such parents are likely to enjoy parenthood.

A list of all the available books about parents and children would be much too long and change much too quickly to include in this

Kramer
vs.
Kramer

14-16 Some of these students agree with the school's dress code, and some do not. The Super Ego aspect of personality determines whether rules and values become internalized.

chapter. Only a few are described in 14-17. They could be the start of a more thorough study of parenting theories.

PARENT ASSISTANCE PROGRAMS

How will you raise your children? What parenting guidelines will you follow? These may be difficult questions for you to answer. Perhaps you plan to raise your children just as your parents have raised you. Or perhaps you plan to be more strict or more lenient than your parents have been.

Many people do not take the time to think about parenting guidelines until they have become parents. Then they begin to realize the many difficult aspects of the job of parenting. If they want help, they can look at several parent assistance programs that are available. These courses may offer valuable training for people who want to change their approach to parenting and improve their parenting skills. A few of these programs are described in 14-18.

AN OVERALL VIEW OF DEVELOPMENT

There are many aspects of development. Most of the theories seem to focus on just one aspect, such as intelligence, health, or discipline. In spite of this tendency to divide parenting concerns into bits and pieces, the overall goal is the healthy development of the whole child.

Parents should try to remember that there is a wholeness to their child's development. The cries and the smiles, the laughter and the groans, the sweetness and the stubbornness all contribute to this wholeness. When a child seems a little weak or especially strong in one aspect of development, parents need to remember that this is just one portion of a whole. They need to keep the child's overall development and overall well-being in mind.

CHILD SPECIALISTS

BOOK	AUTHOR	HIGHLIGHTS
The Whole Child: A Sourcebook	Stevanne Auerbach	This book is based on research conducted at colleges and universities that are interested in child growth and development. The studies give clues to various aspects of children's behavior. The book also provides parents with resources to help make their roles as parents more enjoyable. Parents are given step-by-step assistance in preparing themselves, their homes, and their environments for the changes that will take place from pregnancy to when their children reach twelve years of age.
Infants and Mothers	T. Berry Brazelton, M.D.	Brazelton begins with the simple statement, "Normal babies are not all alike." He goes on to describe in anecdotal form the normal developmental paths of three different infants (one active, one average, and one quiet) to demonstrate how broad the spectrum of normal development can be. He suggests that an infant displays individual behavior patterns from birth and that these behavior patterns influence the parents' reactions. He believes that the newborn affects his or her environment as much as the environment influences the newborn.
On Becoming a Family: The Growth of Attachment	T. Berry Brazelton, M.D.	The book deals primarily with attachment or bonding. Brazelton says that bonding is a continuing process. "Falling in love with a baby may well happen at first sight, but staying in love is a learning process—learning to know oneself as well as the baby." He believes the essence of parenting lies in the intensely rewarding feedback that can be established between a baby and a parent.

14-17 Different child specialists emphasize different aspects of parenting.

CHILD SPECIALISTS

BOOK	AUTHOR	HIGHLIGHTS
The Early Childhood Years	**Theresa and Frank Caplan**	The Caplans believe that knowledge and understanding of how a child grows and learns can help parents avoid many problems. Their book begins with a minicourse in child development and an overview of the early childhood years. It then describes in detail the development of children between the ages two and six. Typical patterns of growth and behavior are presented, but parents are reminded that each child is an individual with a unique timetable for development. The authors believe that parents who can recognize stages of children's growth are better able to appreciate and enjoy each stage. In addition, they can interact appropriately with their children in order to encourage further development. The book ends with discussions of several special parenting topics including adoption, child abuse, learning disabilities, and safety.
Between Parent and Child	**Haim Ginott**	Ginott gives parents specific conversation clues for dealing with their children. He uses the word "childrenese" to describe his way of communicating with children. He believes that improved communication could resolve many parent-child conflicts by preserving the self-respect of both children and their parents. According to Ginott, discipline problems have two parts: emotions and actions. The emotions have to be identified and expressed. The actions have to be limited and redirected. Sometimes parents can clear the air simply by allowing children to identify and express their emotions. Once this is done, children may not feel that they have to act angrily. Ginott's method of praising children deals with the children's efforts and achievements, not with their personalities. Direct praise may embarrass or confuse children. If a parent says, "You are such a good little boy (or girl)," the child may be uncomfortable. But if the parent says, "You did a good job of picking up your toys," the child is proud of what he or she did. This enhances the child's self-image.
Your Baby & Child: From Birth to Age Five	**Penelope Leach**	Written from the baby's and child's point of view, this book is a sensitive guide to child care and development from birth to age five. The author describes what is happening to a child, what the child is feeling and experiencing, and what the child needs from parents in different stages of growth. She believes that the more parents understand their child's feelings and needs, the more pleasant life is for everyone concerned. She demonstrates that caring for a child can be a joy as well as a challenge.
The Preschooler	**Richard Rubin and John Fisher**	This book has two major goals: to help parents better understand what makes preschoolers tick and to help parents make this exciting and challenging stage of their children's development as enjoyable and rewarding as possible. The importance of play in the lives of preschoolers is emphasized. Suggestions for games and playthings that will exercise their bodies, stimulate their minds, and offer them opportunities to express their creativity are included. Parents learn many important lessons: how to encourage children's developing skills in thinking and communicating; how to meet preschoolers' needs for exercise; how to deal with toilet learning, bedtimes, discipline, sibling relationships, friendships, and TV; how to explain the complexities of birth, sex, and death; and how to help them cope with divorce, hospitalization, or a handicap.

14-17 (continued)

CHILD SPECIALISTS

BOOK	AUTHOR	HIGHLIGHTS
Preparing for Parenthood	**Lee Salk**	Salk reminds readers that taking parenthood for granted may have disastrous effects. Becoming a parent changes every aspect of daily life. Parenthood should not be treated as a "sometimes job." He reminds parents that they will have to organize their home for the baby. He provides information about the hospital stay, the postpartum physical and psychological feelings, and the handling of advice from others. Salk discusses the practicalities of life with a newborn, ways to meet the child's emotional needs, how parents can organize a life of their own away from their baby, and how and when to discipline their child.
Your Child's First Year	**Lee Salk**	Salk states that perfection is not possible in parenthood, but that with this book he hopes to help parents do the best they can to raise emotionally and physically healthy children. He stresses the importance of giving infants lots of cuddling and love. He believes that when dependency needs are fulfilled in infancy, they disappear. If they are not met during infancy, they persist and lead to dependent behavior in later childhood and perhaps even in adulthood. Salk tells parents that children need to learn how to cope with limits and restrictions and that they also need to learn how to deal with freedom. He distinguishes between discipline and punishment saying that discipline refers to rules and regulations whereas punishment is the price a child pays for violating those rules and regulations. He feels discipline is an extension of love for children. Salk's overall advice for parents is to consider the first year of their child's life as an investment not only in the future of their child but in the future of the world.
Feed Your Kids Right	**Lendon Smith, M.D.**	Smith says the purpose of his book is "to chart the path to good health with less medicine." He believes that food therapy can help prevent both illness and behavior problems in children. Smith identifies five levels of health. He tells parents how to recognize fluctuations in the well-being of their children and how to use nutrients to bring their children back to a higher level of health. He advocates a nutrition program aimed at preventing possible food reactions from allergy to depression. He suggests avoiding many commercially prepared foods including white and brown sugar, ice cream, boxed cereals, and white flour.
Baby and Child Care	**Benjamin Spock, M.D.**	The book offers encouragement for parents as well as practical advice on babies' and children's daily care, development, health, and medical care. It emphasizes the need for parents to give children consistent and firm but loving guidance. Spock says to parents, "This book is. . .meant to give you a general understanding of children, their troubles, and their needs." He continues, "Trust yourself. You know more than you think you do. . .Don't be afraid of your baby. . .Enjoy children as they are—That's how they'll grow up best."
The First Three Years of Life	**Burton L. White**	White's book is designed to tell parents how they can help their children acquire a solid foundation for full development. He believes the first three years are crucial, saying, "In their simple everyday activities, infants and toddlers form the foundations of *all* later development." White identifies seven developmental phases in the first three years and lists parenting goals for each of these phases. White is a strong advocate of parenthood education. He believes that parents who are informed about their child's growth and behavior will find more enjoyment in watching and guiding their child's development.

14-17 (continued)

PARENT ASSISTANCE PROGRAMS

PROGRAM	AUTHOR/FOUNDER	HIGHLIGHTS
Dreikurs' Doctrine	Rudolf Dreikurs of the Alfred Adler Institute in Chicago	States that a misbehaving child is a discouraged child. Identifies four goals of misbehavior: to get attention, to show power, to seek revenge, and to display inadequacy. Describes parents' role as that of blocking children's misguided efforts and encouraging more constructive ones: cooperation, responsible behavior, and a respect for order and the rights of all individuals. Suggests that since our society is democratic, families should be democratic. Sets up system of natural and logical consequences.
P.E.T. (Parent Effectiveness Training)	Thomas Gordon	Based on the premise that parents should give up, absolutely and forever, the use of power which is damaging to people and relationships. Promotes active listening. Also promotes "I-messages" rather than "You-messages." Suggests a "no-lose" method of resolving conflicts.
P.I.P. (Parent Involvement Program)	William Glasser	Based on friendly relations between parents and children which, in turn, depend on involvement and communication. Suggests that irresponsible behavior is often linked with children who see themselves as failures. If these children can be convinced that someone does care about them and believe in them, they will be able to improve their self-concept. Then their behavior is likely to improve as well. Provides a seven-step approach to help children evaluate and improve their own behavior. Encourages the use of praise for successes rather than punishment for failures.
Responsive Parent Program (based on behavior modification)	Marilyn Clark and Vance Hall	Parents learn to define behavior precisely. Then they monitor certain aspects of their children's behavior. They discourage and punish undesirable behavior, and they encourage and reward desirable behavior. By pairing punishment with positive reinforcement, parents learn to use their power positively and effectively.
S.T.E.P. (Systematic Training for Effective Parenting)	Don Dinkmeyer and Gary D. McKay	S.T.E.P. suggests methods of discipline and communication which lead to practical solutions for a variety of parenting problems. The teen program shows parents how to help their teenage children develop responsibility so they can become more self-reliant and handle more of their own problems. The stepfamily program offers information, advice, and encouragement for members of families created by remarriages.
Toughlove	Phyllis and David York	Emphasizes the establishment of parental authority through firmness and discipline. Encourages parents to establish reasonable limits for their children's behavior as well as consequences or punishments for violations of those limits. Parents meet together and support each other during crises.

14-18 Parent assistance programs offer various kinds of help, support, and training.

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Parents and grandparents who are familiar with developmental theories and guidelines have a head start on providing good care for their children.

to Review

1. List and briefly describe the stages of intellectual development according to Piaget.

2. Using Erikson's theory of personality development, match the identifying phrase and the name of the stage with the proper stage sequence.

Stage Sequence	Identifying Phrase	Name of Stage
1.	________	________
2.	________	________
3.	________	________
4.	________	________
5.	________	________
6.	________	________
7.	________	________
8.	________	________

Identifying Phrases:

a. Infants grow to see the world as a safe place to be and people as helpful and dependable.
b. Children can initiate activities of their own and put them into action.
c. A person shares with, and cares about, another person without fear of losing himself or herself in the process.
d. A person looks back on his or her life with a sense of pride.
e. Adolescents bring together all their thoughts about themselves and form a mental image of their own "special self."
f. People become concerned about others beyond their immediate families.
g. Children learn to move out into the world with a feeling of security.
h. Children become capable of deductive reasoning and of following rules.

Names of Stages:

i. Autonomy.
j. Industry.
k. Intimacy.
l. Integrity.
m. Trust.
n. Identity.
o. Generativity.
p. Initiative.

3. Name and describe the three aspects of human functioning according to Freud.

to Do

1. Give examples of actions performed by children of various ages which demonstrate abilities gained in each of the stages of intellectual development according to Piaget. Discuss how each stage builds on the previous stages. Cite the roles parents play in each stage of development.

2. Describe the possible results, both positive and negative, of each stage of Erikson's theory of personality development. Cite parents' roles in influencing these results.

3. Design a bulletin board using pictures which illustrate the three aspects of human functioning according to Freud.

4. Discuss why parents should be encouraged to read about child development.

5. Discuss the importance of remembering that the overall goal of parenting is to promote the healthy development of the whole child. Discuss ways parents may be sidetracked from this overall goal.

6. Prepare a brief oral report on Brazelton's theory about the importance of bonding.

7. Ginott's method of praising children deals with the children's efforts and achievements, not with their personalities. Explain how this method enhances children's self-image.

8. Discuss Leach's belief that the more parents understand about their children's feelings and needs, the more pleasant life is for everyone concerned.

9. Explain how Salk distinguishes between discipline and punishment.

10. Discuss White's belief that the first three years of life are crucial for children.

11. Briefly describe each of the parent assistance programs mentioned in this chapter. Identify particular needs of parents in various situations and decide which program would be most helpful to parents in those situations.

12. Find out what parent assistance programs are available in your community. Collect brochures from each program for a class file. Interview counselors about what their programs offer.

From infancy to adulthood, parents are responsible for guiding the healthy development of their children.

15

Guiding healthy development

This chapter will help you recognize the vital role that parents play in the development of their children. It will also help you identify needs of both parents and children, analyze the experiences provided by sibling relationships, and evaluate methods of helping children develop responsibility, money values, a healthy sexuality, and an understanding of divorce and death.

Rearing a family should not be approached as an exercise in perfection. This statement may seem strange to include in a parenting book, but because so much has been said by experts, the confidence of many young parents has been undermined. Successful parenting does take work, but it also involves lots of happiness. If parents become too intent on rearing their children according to experts, they may never pause long enough to enjoy the pleasures of parenting.

Parents play vital roles in the development of their children. Children are dependent on their parents for a long period of time. During this time, parents have many worries and make many sacrifices. But the exchange is magnificent and brings more than enough joys to balance the anxious hours.

Children think their parents are the most wonderful people in the world. No one else can answer a child's question, "Where does the wind go?" quite like a parent. No one else can steady those first faltering moments of balance on a bicycle quite as well. No one else's arms feel quite so comforting. No one else can share the anxiety of a first date or a first job with as much understanding. Only a parent can offer the love, support, and encouragement children need to become responsible, independent adults. These are the vital roles that parents play.

NEEDS OF CHILDREN

Children need loving care, freedom to grow, and steady guidance. They need close family ties to serve as the bases for security and trust. They need opportunities to develop a sense of self-esteem.

Children need structure in their lives to develop a sense of order and purpose. They need reasonable limits although they should not have to live with the threat of physical or emotional abuse.

Children need to recognize the consequences of their actions. They need to learn that their behavior affects other people as well as themselves.

Children need a variety of experiences to develop well-rounded personalities, 15-1. They need the excitement of playing tag with friends as well as the peacefulness of being cuddled by a loving parent. They need to experience the anticipation and joy of special events like birthdays and holidays. They need to know that it is okay to feel sad when a balloon breaks or when rain spoils a picnic. As children face new situations, they need gentle guidance and sincere reassurance from their parents.

Children need to have enriching conversations with adults. These conversations should be enjoyable and leisurely, not rushed, 15-2. During such conversations, children learn good communication skills. They learn to listen and to express themselves clearly. They also gain self-esteem by knowing that others are willing to listen to them and talk with them.

15-1 Children need a variety of experiences including fun times like a paddleboat ride with Quick Draw McGraw.

15-2 Children gain a great deal from conversations with their parents.

NEEDS OF PARENTS

Parents also have needs that must be met if they are to develop to their full potential. Their personal needs are similar to those of children, for basic human needs do not change much with age.

Parents need to develop a sense of what is important in their lives. This helps them balance their own needs and wants with those of their children. Parents need to learn that they cannot always fulfill their own needs and wants at their children's expense. Nor can they always give in to their children. Maintaining a healthy balance may not be easy, but it is important.

Parents need to have a realistic view of how they influence their children. Good or bad, they have a powerful influence on their children's development. Yet they need to remember that heredity and home environments are not the only influences on children's development. Parents need to learn that they cannot claim all the credit for children who excel, nor all the blame for those who fail.

Parents need to learn to put responsibility for an action where it belongs—on themselves or on their children. They need to realize that they can be wrong, and if they are, they should apologize. If the responsibility lies with a child who is old enough to know right from wrong, parents need to hold the child responsible.

Parents need to maintain realistic expectations and reasonable discipline. They need to learn how to be consistent without being rigid. They need to set limits without bossing. They need to guide rather than control.

Parents need to remember that parenting is an exercise in being human. They need physical stamina to care for infants with broken sleep patterns and to chase toddlers who always seem to be running toward danger. Parents need emotional stamina to react appropriately to the many different situations they have to face, 15-3. One day they may have to wash off a group of mud-covered preschoolers. Another day they may find themselves chaperoning middle school students on a field trip. They need intellectual stamina and flexibility to answer endless "why" and "why not" questions. Parents need to sense their own growth as they gain an inner wealth of knowledge.

Parents need to recognize each child as an individual. They need to evaluate each child's development according to the child's abilities. Comparisons with siblings or neighbors may be unfair.

Parents need to avoid overprotecting their children. They need to view each child as a separate human being who has the right to firsthand experiences of life's minor ups and downs.

Parents need to recognize the power of communication. Good communication is vital to all loving and caring relationships. Children are receptive to all forms of communication—hugs, hand gestures, and facial expressions as well as spoken words. Parents need to establish good communication patterns with their children at an early age. They help set the stage for good parent-child relationships throughout all stages of the family life cycle.

SIBLING RELATIONSHIPS

A shared childhood with brothers and/or sisters is one of the richest experiences a person can have, 15-4. Only children do not have this experience, although they may have other advantages and may form special relationships with other people in their lives.

Each member of a family has a unique set of family relationships. These relationships change each time a new child comes into the family. Thus, each sibling experiences a different family. A child's birth position and sex as well as the number of siblings and the spacing between them influence the family relationships the child will have.

Birth position affects children's personalities as well as their family relationships. Studies show that firstborns tend to be more independent, more self-confident, and less outwardly affectionate than other siblings. Firstborn children are usually given more responsibility and tend to grow up quickly. Parents may pin higher expectations on their firstborn, so this is the offspring most likely to go to college.

A second child who becomes a middle child

15-3 Parents need emotional stamina to deal with children day after day. These preschoolers are being washed off after running through mud.

15-4 A new baby sister brings even greater opportunities for sharing to this older brother and sister.

may feel the pressure of that position. A middle child never has the advantage of being the oldest and is the youngest for only a short time. Middle children tend to be good all-around students. They may put forth extra effort to excel in a special skill. Parents usually are less strict and demanding of middle children than of oldest children. Middle children often act as the peacemaker within a family. As adults, they tend to be calm, even tempered marriage partners and parents.

Youngest children draw a lot of attention. Generally, attention is good, but youngest children have to listen to all the other family members telling them what to do. In some families, the youngest child is expected to grow up faster. On the other hand, the youngest may be more pampered and less independent. As an adult, a youngest child may seek a marriage partner who is capable of taking charge.

Regardless of the number of children in a family, each one has a unique personality. Parents will notice differences among their children, but they should try not to make comparisons. Instead, they should concentrate on the strengths of each as an individual. It is unrealistic to expect parents to interact with each child in exactly the same way. There will be times when parents seem to be showing preferences. But if parents try to emphasize each child's special qualities, the results will balance out.

Sibling rivalry

Rivalry among brothers and sisters is to be expected. Children's first experience with competition usually occurs within the home. This competition may lead to feelings of rivalry and is a natural part of growing up. Each child is in competition to be first and best in the eyes of the parents.

Rivalry tends to be greatest when children are less than three years apart in age. Children who are at least three years old hold the secure positions of "older" brothers or sisters. They are not as threatened since the new baby is not robbing them of the family's baby position. Also, older children can be psychologically prepared over a period of time to accept a new baby in the family, 15-5. Even so, accepting a new brother or sister may be painful for a child. Parents need to be understanding. How they handle the introduction of the new baby will determine to a large extent whether serious rivalry develops. Trying to give each child some time alone with each parent as often as possible may help the family maintain a feeling of harmony.

At home, brothers and sisters tend to bicker and tattle quite a bit, especially if they are close in age. Yet when they are away from home, it is common for siblings to protect one another from criticism. As they grow older, siblings may appreciate one another more and place more importance on family unity.

Sibling relationships are a part of life for most people. The extent to which they are maintained during adulthood depends largely on the distance between the siblings' homes. But even across miles and continents, sibling relationships may continue to offer warmth and support.

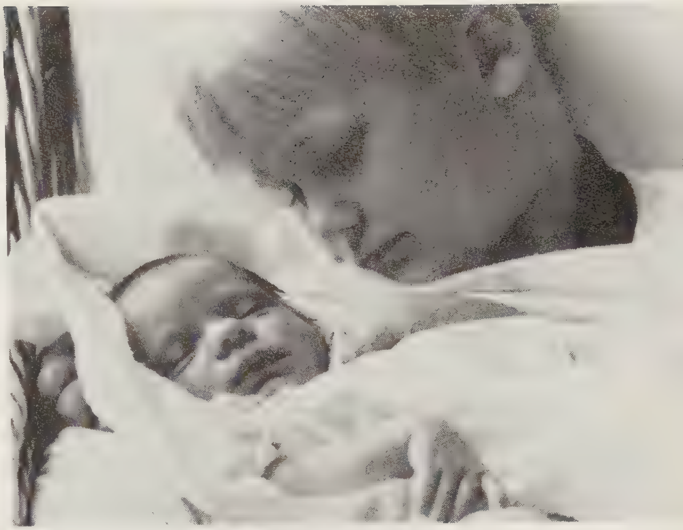
DEVELOPING RESPONSIBILITY, WORK VALUES, AND MONEY VALUES

Children begin to develop a sense of responsibility or irresponsibility toward work at a young age. Parents can help their children move in the right direction, toward responsibility. One way to do this is to give children opportunities to feel the satisfaction of having done a job well. Enthusiasm helps, too. Children are likely to have stronger work values if they hear parents say, "Let's see what we can do," more often than, "It's no use; we can't do that."

As children grow up, parents need to let them accept more responsibilities for themselves. Every step in feeding themselves, dressing themselves, and meeting their own daily needs is a step toward becoming a responsible person. In addition, these steps give children the satisfaction of feeling self-reliant.

Part of accepting responsibility for oneself is meeting daily time schedules. As soon as children are capable, they should be encouraged to be responsible for getting up, dressed, and to school on time. Many children are also responsible for walking home from school within a certain amount of time. The minute they arrive home, they are responsible for calling a parent at work.

Another way children show their sense of responsibility and work values is by doing daily chores. See 15-6. Ideally, parents should show a child how to do a task and then allow the child to carry out the task in his or her own way. Children may enjoy the work more if they are allowed to choose from a number of chores. They receive more satisfaction from the work if they believe that their tasks are important to the family.



15-5 A three-year-old holds the secure position of being an "older" brother, so there is less chance of serious sibling rivalry with the new baby.

15-6 Daily chores help children develop responsibility and work values. Chores may vary from simply setting the table to caring for livestock, depending on children's ages and interests.

Some parents set such high standards that children can never produce satisfactory results. Eventually, children may think of themselves as failures. In such cases, parents may have to try to lower their standards. Or they may ask their children to do other tasks which the children are capable of doing well. Then the children can accept responsibility for doing tasks and feel satisfied when the tasks are done well.

At the other extreme are children who are obsessed with perfection. They work endlessly but are never satisfied with their results. They desperately want approval, and they believe that the only way to win approval is through their achievements. Therefore, they strive to achieve all the time. Parents can help by showing appreciation for the tasks their children do well. This will help build the children's confidence so they will be ready to take on larger responsibilities. Meanwhile, parents can also help by guiding their children toward other ways of winning approval.

Volunteer work

Children can learn roles of responsibility by doing volunteer work. The idea of children doing volunteer work may seem strange, but many children are unofficial volunteers when they help at church fairs and community events. Children, as official volunteers, have a lot to offer their communities. They also have a lot to gain from volunteering.

Children can do volunteer work as individuals, as partners (with another child, with a sibling, or with a parent), or in groups. They can work on one-time projects or long-term projects.

Children can work in parks, fire stations, museums, nursing homes, and hospitals. They can give tours, tutor students, deliver mail, lead games, serve refreshments, and make cheerful decorations.

Choosing projects for volunteer work takes careful thought. The projects should seem interesting and worthwhile to the children. When children are involved in choosing their volunteer projects, they have the chance to learn a basic democratic principle. In a democracy, a citizen of any age can identify a need or problem and go to work on it. Thus, children should be encouraged to identify a cause that concerns them and prove to themselves that they have the power to do something about it.

Children have a great deal to gain by doing volunteer work, 15-7. They can have fun and learn valuable lessons while serving their com-

15-7 These children and their parents are volunteering their time and energy to contribute to their community in a positive way by planting trees.

munities. They can become more familiar with their neighbors, the "real world" of adults, and the meaning of responsibility. They can develop a wide range of skills which they can use to help others. In addition, they learn that life in our society involves giving as well as taking.

As children grow into their teen years, they will be able to apply the valuable lessons they have learned through volunteer work. The lessons of responsibility will help them get and keep paying jobs. Their experience in showing initiative, being dependable, working with others, and completing tasks will be valuable assets in the job market. Employers will be more likely to give teenagers with these kinds of experiences the chance to accept larger responsibilities.

Allowances

Children learn quickly that money plays an important role in life. During school age years, children have many chances to handle money. Parents can help them learn to use money wisely during these formative years.

Most authorities feel that giving children an allowance is the best method of teaching them about the value of money. An *allowance* is a set amount of money given regularly by parents to children for their personal needs and wants. The object is to help the children learn how to use money wisely.

Parents have to consider several factors when deciding how large an allowance to give. The child's needs are the most important factor. Depending on the situation, an allowance may be expected to cover such expenses as the child's bus rides, lunches, and school supplies. A small amount in addition to what is actually needed should be included. This extra amount, called discretionary money, gives children the most valuable lessons in handling money. Children use their discretionary money in various ways. Some children blow it. Some give it away. Some hoard it. Most eventually learn that they can have what they need and want if they manage their extra money wisely. Once children learn this lesson, they have taken a giant step toward setting and achieving goals. See 15-8.

15-8 An allowance should cover the child's needs plus a small extra amount which gives the child a chance to make decisions about using money.

Other factors that affect the amount of an allowance are the needs of other family members and the income level of the family. This is an important lesson for children to learn. They need to realize that they are a member of a family and that everyone in the family has needs.

Still another factor to consider is the amount that other children of the same age receive as an allowance. Children who live in the same community often have similar needs and wants. However, this factor is not as important as the others. Parents should not be pressured into giving larger allowances than they can afford.

Most parents pay allowances once a week. Allowances should be paid regularly. Under normal circumstances, they should not be kept back as punishment. If a child's misbehavior had nothing to do with money, then the punishment should not involve money. Likewise, allowances should not be given in advance under normal circumstances. If children spend or lose all their money, they will have to learn to live with the consequences.

Not all parents use an allowance system. Some use a "pay by the job" system. They place a monetary value on every task that needs to be done. Then they allow children to sign up for the jobs they want.

Parents who like the "pay by the job" system believe that it teaches children the value of work as well as the value of money. Opponents believe that it places a price on tasks that should be done as a part of family duties. They say that it teaches children to work only when they want money. In addition, they say the system tends to be unfair. Certain siblings do all the work to earn lots of money while other siblings do very little. Those who don't work may learn to do without much money, or they may beat the system. They may be given everything they need while their brothers and sisters have to work for the things they need.

Many parents use a combination of systems. They set up a basic allowance and hold children responsible for certain household tasks. Other, special tasks are assigned monetary values, and children may earn extra money by doing them. In this way, children are taught that family members need to cooperate and share responsibilities, yet they have the chance to earn more with extra effort.

Some parents simply give their children money when they need it. These parents believe that this method promotes good communication. But in families that do not have open communication, children may not always tell their parents when they need money. If children are constantly criticized for asking for money, they may choose not to ask.

Educating children about money helps them understand the meaning behind the saying, "Money doesn't grow on trees." They learn that financial success depends on the production and wise use of money. Taking children to a bank to open a savings account also helps them learn the value of money. Parents need to make an effort to help their children understand money, for this is an important part of their overall education. It is never too early for children to begin to learn the functions of money and its impact on family life-styles as well as on their own lives.

Part-time jobs

As children grow into their teenage years, the lessons of responsibility they have learned can be applied in many ways. One way is through employment outside the home. Teenagers who have had chances to succeed in small tasks are likely to be ready to accept more and larger responsibilities.

Many teenagers are eager to move into the world of work. In fact, the majority of high school students work outside the home, and more say they would if they could. Some students hold school-supervised jobs. In this way, they can earn both school credit and money while gaining work experience, 15-9.

Because so many teenagers have jobs, some parents are concerned about the overall effects of teenage employment. This issue has no easy answer since every teenager and every situation is unique. One crucial factor is the amount of time spent working. Teenagers who spend more than 15 or 20 hours a week at work are likely to feel more of work's negative effects.

School performance is one standard that can be used to measure the effects of a part-time job, 15-10. If a teenager is working too much, his or her school performance may suffer.

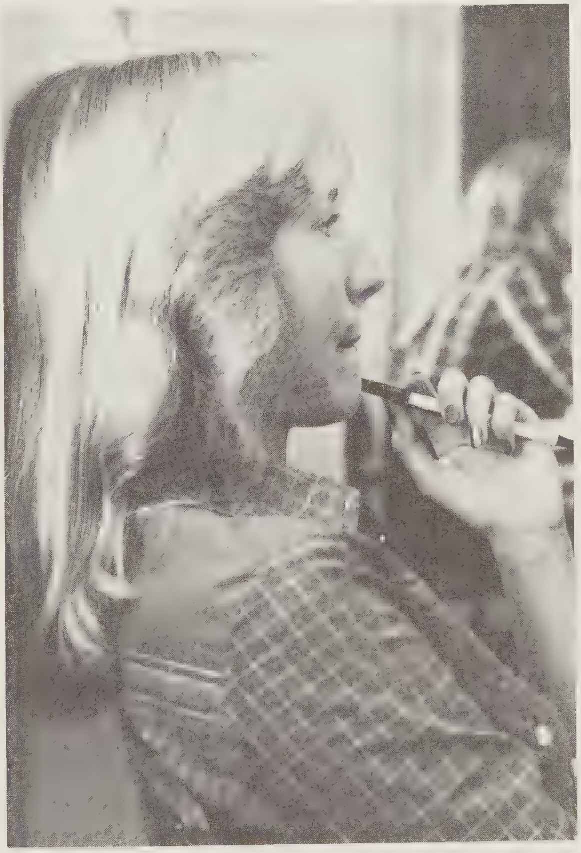
Some working students are caught in a chain reaction. They become absorbed in their work. The long hours of work prevent them from taking part in extracurricular activities. They lose interest in school and spend less time on their studies. The end results for these students may be lower grades and unhappy attitudes about school.

Parents may notice changes in the attitudes of their working teenagers. Because of their busy schedules, they have less time for family activities and household tasks.

The quality of teenagers' work experiences is another concern of parents. Although the process of work itself is important in developing responsibility, work experiences are more valuable when they are challenging. Most teenagers do not have challenging jobs. They do not acquire new skills on the job, nor do they practice the important cognitive skills of reading, writing, or math in their work. Instead, most of their time is spent cleaning and carrying. If young people do not find their work meaningful, they may develop a negative attitude and poor work habits.

The effects of part-time jobs are not all negative; many are positive. Those students

15-9 Teenagers with school-supervised jobs earn both money and school credits.



15-10 This teenager's part-time job does not interfere with her ability to concentrate in class and perform well in school.

who do not plan to go to college can gain valuable work experience in part-time jobs. This experience helps them find full-time jobs after high school graduation. It also teaches students something that they cannot learn in classrooms—how to survive in today's working world.

Teenagers who are aware of what is happening around them can learn many practical lessons on the job. They can learn about time management, business operations, consumer arithmetic, and money management. They can also gain social skills as they learn to deal with other people.

An obvious advantage of jobs is that they provide young people with sources of income. Some teenagers save part of their earnings to help pay for long-range goals such as a college education. But the greatest share of what young people earn is spent on clothes, stereos, gifts, and other material goods.

Parents may question the spending patterns of their employed teenagers. If so, they may need to point out the advantages of saving and help their teenagers set up a money management plan. This, in itself, could be one of the most valuable lessons for teenagers to learn while working.

Parents and teenagers should maintain open communication lines about the pros and cons of working. If parents become concerned, they should let their teenagers know their concerns. A proper balance between school and work is needed to ensure the good health and optimum development of the young people. Learning skills that are acquired in classrooms are needed in order to succeed in the next stage of their lives, whether they attend college or begin a career. If working drains them of valuable health and time resources, the overall effects of their jobs should be reevaluated.

DEVELOPING A HEALTHY SEXUALITY

People develop their sexuality gradually throughout their lifetimes. Children begin to sense how they feel about themselves while they are very young, 15-11. They sense how their parents act toward each other and toward other people. From this foundation, children learn to function as complete, unique human beings.

Normality should be the key word in accept-

15-11 Children develop their sexuality gradually. They begin to sense how they feel about themselves as they interact with their parents.

ing the parental role of teaching children about sexuality. It is a responsibility that evolves out of love for the children and the honest concern that they will be able to live abundant and happy lives.

At birth, a child's gender is announced. "You have a beautiful daughter," or "You have a handsome son," are meaningful words for new parents. During each day that follows, the loving care of parents helps the child develop as a warm human being. This is how parents begin teaching their child about the important human quality of sexuality. Parents will continue teaching their child about sexuality through their normal way of living and caring for their child. See 15-12.

Some parents may wonder if they will ever be able to teach their children about sexuality. For most parents, the issue is not whether they should teach their children about sex, but how and when they should do it. These parents should relax. There will not be "one day" when they have to teach their children about sex if they remember the broad meaning of the term sexuality. They are actually teaching their children about sexuality through their normal acts of physical care and emotional support.

Questions children ask

Children are naturally curious and full of questions. It is normal for them to ask questions about sex. When they do, parents should remain calm and give simple answers since children are not ready for detailed information. Yet the answers should be frank and truthful so nothing will have to be unlearned later. The

15-12 Parents teach children about sexuality through normal acts of daily care.

most important message for parents to convey is that children have the right to ask questions and to get answers.

Children have their own timetables for curiosity, but psychologists can generally forecast the sequence of their questions. Children's first real curiosity about their own sexual anatomy occurs around two or three years of age. By then, children know that boys and girls are different, and they want to know why. Parents do not have to give detailed explanations. They should simply acknowledge the fact that little boys and girls have different bodies and that little boys have penises while little girls do not. (When teaching children the names of the parts of the human body, parents should use correct terms.)

The next question usually is, "Where do babies come from?" Children are not ready for a full lesson in reproduction, but the best answer is the truth. "Babies grow inside their mothers," is usually all children really want to know at the time, 15-13. Parents should not put the explanation off by saying, "We can't talk about that now." It is important for parents not to suppress their children's curiosity about sexuality or to respond in a guarded, negative way. This is a time that real beginnings can be made in open, truthful communication.

Sometime around age four, children may want to know more. If parents have handled their previous questions well, children will feel free to ask more questions. They may ask, "How does the baby get out?" Again, a simple answer, "There is a special opening for the baby to come through," will satisfy them for the time. They think a lot about all these things, and they may ask for more details about birth. They make little connection between the size of a pregnant woman and the presence of a baby.

By this age, children will have been exposed to other sources of sex information—television and stories from their friends. Parents who have had open, truthful communication with their children about the children's developing sexuality will have less anxiety about their children receiving other sex information. If children know they can ask their parents about sex, they are more likely to question other information before accepting it as truth.

Five-year-olds are generally more interested in the baby itself than in the baby's origin. The relative quietness about sex at this age vanishes at six or seven. Then they begin to wonder again how a baby comes through the special opening at birth. They may also ask how a baby

15-13 When children ask, "Where do babies come from?" they should be told the truth, but in very simple terms. They are not ready for a full lesson in reproduction.

starts to grow inside the mother. A parent can use a simple answer like, "When a father and mother want to have a baby, a seed from the father meets inside the mother, and this is how a baby is started."

If nine-year-olds are not satisfied with the answers their parents have given them about reproduction, they may ask their friends. Once they are satisfied, their interest in reproduction will fade although their interest in babies may grow. They may tell their parents that they would like a baby in the family. They may also begin to think of themselves as parents as they care for dolls or small children.

Masculine and feminine roles

Much has been said about how social conditioning affects the masculine and feminine roles that children adopt. If parents are primarily concerned with the development of their children as warm and caring human beings, they will not add extra pressures. They will not expect little girls or little boys to act in certain ways. They will not ridicule a boy for showing tenderness toward a doll. Nor will they call a girl a tomboy just because she likes to play aggressively on the jungle gym. Instead, they will accept the natural expressions of their children.

Preschool children are observant. They notice how their parents act, and they often play out roles they have seen their parents perform. See 15-14. These roles are less defined today because parents share many household tasks. This was shown in a preschool setting. A little girl was busy at the sink "washing

15-14 Although the little girl seems skeptical, the little boy feels comfortable ironing, probably because he has seen his father iron at home.

dishes." A little boy came in, put his arm around her shoulders, and said, "I know you are tired, so you sit down and I'll wash the dishes tonight." He evidently had seen his father do this in his home, so it seemed natural to adopt that role. Roles may be changing, but children are still likely to adopt the roles that are displayed in their homes.

By the age of seven, children are becoming even more aware of and interested in sex roles. This is the beginning of the end of play that includes both boys and girls. By eight, they tend to play separately, but boys may talk about marrying a particular girl. By nine, self-chosen groups include either all girls or all boys, and they talk about what girls and boys can and cannot do.

Masculine and feminine roles are still changing in our society. Children are influenced most by the roles they see their parents portray in their homes. Children are also influenced by their school environments where they see less discrimination in role assignments. The changes in roles are helpful for the most part, but they may cause some confusion.

Each boy has to feel his own masculinity as he grows in his roles of being a boy, a man, a husband, and a father. Each girl must feel her own femininity to accept the changes in the roles of a girl, a woman, a wife, and a mother. If parents provide the feeling of normality as their children develop, the children will grow up feeling comfortable about their individual sexuality.

Adolescents and sexuality

The adolescent years pose new demands in many areas of development—social, emotional, intellectual, physical, and sexual. Hormonal and bodily changes create new sexual feelings. It is at this stage that a person's personality may be at its shakiest. Although each adolescent must find his or her own way through this transition, parents can help by providing a base of security.

Teenagers should feel free to discuss their attitudes, opinions, and questions with their parents. Parents who have spoken openly about sex with their children will have established a system of open and honest communication. Now they should be able to talk with their teenagers in ways that are relevant to their new intellectual, emotional, and physical maturity. See 15-15.

Parents are the first sex educators of their children, and they should continue to communicate with their children during the teenage years. Parents should be sure that their teenagers are exposed to accurate information about human sexuality and reproduction. Authorities feel that teens with accurate knowledge about sex are likely to demonstrate responsible sexual behavior and to postpone sexual activity.

If an atmosphere of loving concern and open communication is maintained, teenagers will be better able to deal with the many important decisions they will face. They will be able to base their decisions on value systems developed within the framework of their families. They will not have to make decisions out of fear or to conform to peer pressure.

Parents who are uneasy discussing sexuality with their teenagers may want to seek help from professional resources or training groups. Many groups offer courses shared by parents and their teenagers. Many schools are also encouraging parents to participate in family life education classes.

Because of the mass media's exploitation of sexuality, teenagers are given wrong messages concerning the place of sexual expressions in their lives. One way married parents can help their teenagers is to portray a loving and caring relationship in which sex plays a positive role. A good example helps teenagers realize that sex is important in maintaining a foundation of love and trust in a lasting relationship. See 15-16.

Parents can help their teenagers sense their role of responsibility in sexuality. Parents need to help their teenage sons and daughters realize that a young person who becomes involved in a sexual relationship must be ready to accept its adult responsibilities. Every adolescent must understand that any act of sexual intercourse may result in pregnancy.

Teenagers do not want parents as "pals,"

15-15 Even though he feels a little reluctant, this teenager knows he can ask his dad questions because they have established open communication.

15-16 Married parents with a loving and caring relationship set a good example for their teenage children.

especially when they are making important decisions about their lives. Nor do they want their parents to make decisions for them. They do value loving concern and caring guidance. A teenager's relationship with his or her parents helps determine how that teenager makes the transition into mature sexual adulthood.

EXPLAINING DIVORCE TO CHILDREN

Divorce is never easy. The life of everyone involved is deeply affected. Adults view divorce as a way of ending an unsatisfying personal relationship. Children are more likely to view divorce as the breakup of the family, not of just the marriage relationship. In the eyes of children, divorce may seem like the end of the world.

Because divorce is so frightening to children, parents should not talk with them about the possibility of divorce. If the parents would change their minds and decide to maintain the marriage, the children would live in constant anxiety. They would fear that even the slightest problem might lead to their parents' separation. Their emotional stability would be damaged.

When the decision to divorce is final, parents should tell their children right away. Nothing is more disturbing to youngsters than feeling left out. In breaking the news to children, parents should remember that the truth is always best. They should not lie, saying that one parent is just leaving on a vacation or business trip. Later, when the children would learn the truth, it would hurt them even more.

Although it may be difficult, the explanation of the divorce should come from both parents. A joint explanation allows the children to see that both of their parents still care about them and that they can work together to resolve family matters. Another advantage of the joint explanation is that it reduces the chance of children having to choose sides. Children should not be used as weapons in the battle between parents.

The right words are hard to find when telling children about divorce. Both parents need to give truthful explanations of the present situation and future arrangements. Parents need to make sure their children know that they have considered everything carefully and that their decision to divorce is final. They should not give their children any reason to have false hopes of reconciliation.

Throughout the divorce process, parents should be truthful and should treat each other with respect. They should not magnify each other's faults. Nor should they present a false, glorified image of each other to their children. Both parents and children can handle their emotions better when dealing with the truth.

How children are told about divorce may be even more important than what they are told, 15-17. The environment should be friendly, not hostile. Children need to be reassured that they are still loved by both parents. They need to know that they will still receive loving care and attention and that their daily needs will be met.

Children's reactions

Every family is unique. Every divorce is unique. Every child is unique. Therefore, it is natural that children have different reactions to the reality of divorce.

Some children deny the fact that their parents are divorced. They pretend that nothing has really happened by creating their own fantasies. They tell their friends stories about family activities to cover up the reality of divorce.

Other children react to divorce by regressing to earlier stages of development. They are trying to regain the security they once felt. Thumb sucking, bed-wetting, whining, and babyish language may surface. These regressive behaviors are their way of saying, "I'm just a little child. Don't leave me."

Still other children react by being either hostile and revengeful or silent and withdrawn. Their actions are in response to their feelings of being threatened with loss of love and breakup of family. They feel abandoned. They worry about who will feed them and where they will sleep.

Many children believe they were the cause of their parents' divorce. In their experience, most of the bad things that have happened to them were because they were naughty or did something wrong. They assume that they have not been "good enough" to please their parents. As a result, they feel guilty and unhappy. They may tearfully approach their parents saying, "I'll be good. I promise I won't ever be naughty again."

Authorities believe that children's adjustments to divorce vary with age. *Infants* have little memory of their original families, so they have few adjustments to make. *Toddlers* may temporarily regress to infantile behaviors. Their main concerns are for their own comforts and the daily care they receive from their parents. They will miss the absent parent, but they will feel few long-range effects of the divorce.

Preschoolers are often quite upset by divorce. Their ideas of family life are definite. To them, a family is a mother, father, and children who live together and love and care for one another. When divorce occurs, their ideas are shattered. They cannot understand how a parent can love a child and yet leave the family. Preschoolers are likely to react with helplessness, grief, and fear. They may reveal regressive behaviors such as bed-wetting, thumb sucking, and whining. These behaviors are children's ways of expressing their anger and panic since they cannot yet put their feelings into words effectively. Because these behaviors are a part of children's adjustment process, children should not be punished for them.

School age children are beyond the self-centered stage, so they can look at situations from other persons' points of view. Thus, they may be better able to understand their parents' explanations about divorce. Still, they are usually upset. They may try to deny that the divorce is real in order to relieve their grief and to save embarrassment with friends. Like their younger siblings, school age children may blame themselves for the breakup. They may

15-17 Parents need to reassure their children that they will still be loved and cared for after the divorce.

think being "good" will bring their parents back together. In other cases, children this age may choose sides during and after the divorce, pitting one parent against the other.

Teenagers may show more obvious reactions to pain than children of other ages. Divorce challenges teenagers' ideas about love, marriage, and family. It may also damage their self-esteem if they feel that their parents no longer love them, so no one else will ever love them, either. The reactions of teenagers vary widely. Some try to press their parents into reconciliation. Others team up with one parent to fight against the other parent. Some teenagers are embarrassed and try to keep their peers from knowing the truth. Some withdraw for a long period of time, using the time to work through their feelings. Others rebel with bad behavior such as skipping school, stealing, drinking, or using drugs.

After divorce

After divorce, parents need to maintain as much continuity as possible in their children's lives. Children feel more secure when their housing arrangements, daily routines, and discipline measures stay the same.

Young children may need extra care to feel secure. To them, the presence of parents has been severely threatened. They may become terribly frightened if the remaining parent has to leave them temporarily with a baby-sitter. They are afraid that the parent may not return.

Children need all the love and support they can get from both of their parents after divorce. Parents should try to be sensitive to their children's feelings and make special efforts to keep communication lines open.

EXPLAINING DEATH TO CHILDREN

Most children are far more aware of death than their parents realize. Many parents avoid talking about death, perhaps because of their own fears. Death is a painful reality that touches young and old, but it is a part of life and should be treated as such.

Children form different concepts about death as they grow and develop. Children who are three years old or younger have little or no understanding of death. Four-year-olds are familiar with the word death, but it does not mean much to them.

Five-year-olds often associate death with the temporary inability to move. They think that people can return to life after being dead just by starting to move again. Their ideas come from cartoons that show characters being run over or blown up one minute and springing back to life the next minute.

Around the age of six, children's ideas about death become more realistic. They cannot yet conceive of their own death, but they can see the possibility of other, older people dying. They may worry about the death of their parents. If so, they need to be reassured that their parents probably will not die for a long time.

At seven, children begin to suspect that they will die someday. They may talk about funerals and cemeteries. By the age of eight, children accept the reality of their own eventual death. They may talk about the process of dying such as how people stop breathing. They like to "play dead" in their games with cowboy pistols and space guns. By nine or ten years of age, children accept death as a natural biological process.

Teenagers think about death a great deal because they are philosophically reviewing all of life. Teenagers may become preoccupied with death if they are experiencing frustrations. At this stage, they tend to view life's alternatives in the limited context of what their current lives are like as compared to death.

A death in the family

When a family experiences the crisis of death, parents should not shut out the children. Children want to be included in all family matters. They sense when their parents are upset, and they want to share this with them.

As with other emotional topics, parents can teach children about the facts of death in natural settings. For instance, the death of a pet provides a natural opportunity to discuss death in general. Children should be allowed to grieve over the loss of a pet because grieving is a natural part of the process of adjusting to death. Authorities do not recommend that parents immediately replace a dead pet with another one. Doing so could interfere with the necessary grieving and adjusting process.

Parents need to realize that young children's reactions to death are quite different from those of adults. Adults often withdraw and become depressed. But children are more likely to act out their feelings with hostile and aggressive behaviors. Young children cannot express their feelings with words, but their actions show how upset they are.

Parents should be truthful when telling their children about death. They should not say, "Grandma has gone on a long trip." Children will eventually learn that the explanation was a lie. In the meantime, they may be afraid that anyone leaving on a trip will not return. Nor should parents say, "Grandpa has gone to the hospital." That explanation could lead children to believe that when people (including the children themselves) go to hospitals, they may never come back. See 15-18. The statement, "Grandma died because she was sick," is another wrong approach. Children may fear

15-18 Parents should not encourage children to associate hospitals with death. Doing so could make a stay in the hospital even more traumatic for a child.

that all sicknesses will lead to death. The statement, "God took Grandpa to live with Him in heaven," is also confusing. Children may hate God for taking their grandfather away from them.

Parents may take children under the age of seven to a funeral if they are prepared for what they will experience. The loving support and concern shared among family members could be helpful for the children to see. Not all authorities believe that children younger than eight or nine should view the body or see the casket lowered into the ground.

Suppressing grief over the death of a loved one may have a devastating effect on anyone, especially a child. A child needs to be allowed to complete the task of grieving at the time of a death. Otherwise, he or she may be overwhelmed by feelings of grief in later years.

BUILDING A FAMILY SUPPORT SYSTEM

To a child, nothing is more important than the family. As children grow older, their horizons widen, and they become more independent. Even so, the family continues to be an important influence in their lives.

In our society today, there are many different family structures. No one family structure is ideal. Children find that their own family may be similar to or quite different from their friends' families.

Regardless of a family's structure, it can offer lifetime support to its members. The family can serve as a foundation on which children build their own independent lives. The following paragraphs describe characteristics of family support systems.

Strong family support systems are based on family members' love for one another. This love is shown through mutual support and caring. No one is idolized, but everyone is appreciated.

Open communication is found in families with strong support systems. Members listen actively rather than passively. They are willing to participate in honest talking sessions. Family members also pay attention to one another's nonverbal communication.

The recognition of individual's needs and goals is an important part of a family support system. Parents recognize each of their children as a unique individual with strengths and weaknesses. Family members recognize one another's individual commitments and goals. They support one another in the achievement of individual goals, and they work together to achieve family goals.

Trust is necessary to build a family support system. Parents need to trust each other. They need to be able to trust their children with increasing responsibilities. Children need to be able to trust their parents as sources of love, support, and nurturance.

Strong family support systems have room for fun and a sense of humor. This allows family members to relax after stressful situations and enjoy the pleasures of daily life. Children often remember their parents more for the times they played and laughed together than for the times of concern, guidance, and discipline.

Crises arise in every family. A crisis may be as simple as having a flat tire when the car is needed for car pool duty. Or it may be as serious as a life-threatening health problem. Families with strong support systems do not fall apart in crises. Instead, they grow stronger as members are drawn together for mutual support. Together, they look for something positive even in problem situations. This mutual reliance helps keep families strong and provides valuable lessons to children who may need to rely on strong family ties in the future.

A family support system is continuous. As children become adults, they establish new families, but their family of origin will be their refuge in times of trouble. On the other hand, adults also give a vital sense of growth to their family of origin. What adults take from and give to their family of origin largely determines what they will build into their own families. As children become parents, the family cycle is repeated. The attitudes within a family form a lasting influence on the lives of children, from generation to generation.

to Review

1. List five needs of children and five needs of parents.
2. Briefly describe typical characteristics of a firstborn child, a middle child, and a youngest child.
3. True or false. Sibling rivalry tends to be greatest when children are less than three years apart in age.
4. Name two ways children show a sense of responsibility.
5. What can children gain by doing volunteer work?
6. What four factors should parents consider when deciding how large an allowance to give their children?
7. True or false. Withholding an allowance is a good way to discipline a child.
8. List three negative effects and three positive effects of part-time jobs.
9. True or false. The greatest share of what teenagers earn is spent on material goods.
10. What is the key word for parents as they accept the role of teaching their children about sexuality?
11. Why do authorities believe that parents should be sure their teenagers are given accurate information about human sexuality and reproduction?
12. If parents are planning to divorce, when should they tell their children?
13. Why should the explanation of the divorce come from both parents?
14. After divorce, how can parents help their children feel secure?
15. According to authorities, should parents immediately replace a dead pet with another one? Why or why not?
16. True or false. Parents help their children accept death by using "little white lies" as explanations of death.
17. List the characteristics of family support systems.

to Do

1. Design a bulletin board around the theme, "Parental Roles in Guiding Healthy Development." Divide the board into sections which correspond to the sections in the chapter. Post appropriate pictures, short phrases, and newspaper clippings in each section. Use the bulletin board as a focal point for class discussions.
2. Discuss the needs of children and the needs of parents. Give examples of times when they are compatible to overall family growth and times when they may not be compatible. Give suggestions for increasing the compatibility of these needs.
3. Ask class members to list both positive and negative aspects of sibling relationships. Discuss ways of resolving sibling rivalry. Discuss how sibling relationships within a family may change as the siblings grow older.
4. Describe ways in which parents can help their children develop responsibility.
5. Form a panel consisting of one set of parents, a teacher, an employer of teenagers, a psychologist, and two students (one male and one female) who have part-time jobs. Discuss with them the pros and cons of teenage employment. Ask panel members to cite the positive and negative effects of part-time jobs and to suggest guidelines for students to follow as they try to balance school and work. Allow time at the end of class to take a vote on the outcome of the panel discussion.
6. In small groups, discuss appropriate ways for parents to talk with their children about sexuality, divorce, and death. Discuss the importance of openness and truthfulness in parent-child communication.

Parents' roles change from day to day. By being flexible, they can make the most of the wide range of experiences they share with their children.

16

Parenting concerns

This chapter will help you recognize many parenting concerns including children's feelings of inferiority and superiority, lying, stealing, TV influences, child abuse, latchkey and missing children, teenage runaways, and suicide. It will also help you identify possible causes of these concerns and assess the knowledge and skills needed by parents to handle these concerns.

Parenting brings many joys, but it also brings many challenges. One of the signs of successful parenting is the ability to cope with both the predictable and the unpredictable events of child rearing. No two days are the same. As children continue to grow, however, parents can enjoy looking back to see how all their parenting experiences have added to their total personalities.

INFERIORITY COMPLEX

The word *inferiority* refers to the feelings of inadequacy that overpower a person. People sometimes use the word "loser" to describe a person with these feelings.

In everyone's life, at any age, there are times when he or she feels inferior. This is normal. The important point is for everyone to recognize it as normal and then go on and make the most of each day.

Little children may feel afraid, unhappy, and frightfully anxious. They may be loaded with feelings of guilt and shame if they think they have done something wrong. These feelings hold them back. They are emotional barriers that get in the way of their everyday activities. Children with these feelings have to use extra energy to do tasks that are not that difficult.

They are carrying heavy emotional burdens and may continue to do so throughout their lives.

Parents need to pay attention to what their children say and how they act. The sooner parents recognize any feelings of inferiority their children may have, the sooner they can help their children overcome those feelings.

Young children need to know that they can trust their parents. Then they can take the first step away from feelings of inferiority and toward feelings of self-confidence. All children sometimes feel bad and sometimes make mistakes. Children need to know that it is not wrong to feel bad and that their parents will be understanding when they do feel bad. They also need to know that when they make mistakes, their parents will be disappointed in them, but will still love them.

As children grow, they show imagination and the desire to initiate actions on their own. If their efforts are successful, parents should compliment them. They may say something like, "You did a good job of building a tall tower of blocks." This kind of experience helps children build self-confidence. If children's efforts are not successful, parents should react calmly. They should still be supportive of their children. Continuous criticism will only push children into feelings of deeper inferiority. Eventually, they will think of themselves as "losers." They will give up trying to do anything right.

In some cases, children's bad feelings about themselves stem from a physical weakness. They may have poor coordination, vision, or hearing. Some children may be slow learners. Children with such weaknesses develop their own methods of handling them. They may not want to play with friends because they cannot compete on an equal basis. They may feel uncomfortable when teachers discover their weaknesses because then their classmates are aware of them too.

Parents of children with weaknesses should help their children overcome them if possible. If that is not possible, parents should assure their children that everyone has some weaknesses as well as some strengths. Parents may be able to suggest certain hobbies in which their children can excel. Then the children will be able to feel successful in something.

School age children are often brutally frank and cruel. They may tease children who have unusual names or who dress differently. Parents should keep this is mind when they name their children. If they can, parents should also help their children avoid ridicule by letting them dress like their peers.

Childhood is the time to overcome feelings of inferiority and to develop self-confidence. Any leftover feelings of inadequacy from childhood will deepen as children grow into their teens. That, in turn, could lead to other problems. For instance, teenagers who do not feel secure in their own identities often take on the identities of friends or groups of peers.

Feelings are an important part of life. Any efforts to help children develop positive feelings about themselves are worthwhile. Positive feelings play a big part in making life enjoyable. People who feel good about themselves see the sunny side of life and feel happy. Their attitude makes each day more pleasant for themselves, their families, and their friends.

SUPERIORITY COMPLEX

Some children are constantly bragging and boasting. They try to make everyone think that they are superior human beings. Strangely, feelings of superiority are often closely related to feelings of inferiority. Both usually stem from feelings of inadequacy. Some people react to these feelings by withdrawing. Others react by bragging.

All young children need to boast to their friends, 16-1. They want their parents to be the tallest, strongest, smartest, and prettiest. They like to impress their friends, so they may create a horror story about a vacation trip. This type of bragging does not harm anyone.

A few young children feel the need to act superior all the time. They respond to their frustration by kicking, hitting, and throwing tantrums. They are rough with animals and other small children. They cry more than others because they are too emotional to put their feelings into words.

By the time these children start school, their physical aggression may have calmed down. But they usually turn to verbal aggression. They use their motor and verbal skills to cover up their feelings of inadequacy. This works for a while. They get to be the leaders, and they run the games on the playground. They even think they are liked by their peers. They become self-centered and show little concern for others. But eventually they find that their behavior has caused others to dislike them. They become confused and upset. Their behavior changes back and forth from aggression to sullenness. Perhaps the most damaging aspect of their behavior is that they are developing a pattern of dealing with problems in a negative way.

The behavior patterns of children with a superiority complex create problems at home as well as at school. Parents should not ignore the problems, hoping they will pass. That would only encourage the children to continue their bad behavior. Some parents react by asserting their authority. They say, "I am your parent, and you will do as I say." This may

16-1 All children boast occasionally, especially about their wonderful parents.

work. But children may simply turn their feelings inward, thinking, "I'll show you," as they build up resentment. Other parents are overpowered by their children. The children are allowed to rule the home. This is not a good solution because the lack of parental limits adds to the children's feelings of insecurity.

How can parents help a child who has a superiority complex? First, parents must accept the fact that they are humans who sometimes make mistakes. Then they must admit that something in their parent-child relationships is wrong. They also have to be willing to change the situation with actions they can control. Finally, parents must feel strong enough to confront their child. When a child does something wrong, parents should let the child know that they disapprove of the child's actions, but that they still love the child. Parents help their children by teaching them that they must accept responsibility for their own actions.

Children with feelings of superiority may benefit from chances to try new activities. When they find activities they can do well, they feel the success that comes from achievement. Such experiences help children build self-confidence. These children need to sense the personal satisfaction of using their abilities to achieve success. Then they may realize that they do not need to act powerful to feel successful.

HONESTY AND LYING

All children lie occasionally. It is a part of normal development. The ways parents respond to the lies help children learn how to accept honesty as a value in their lives.

The tall tales that three-year-olds tell are a positive sign of their creative development. By the age of four, children love to brag and tell tall tales. They are striving to identify with the world around them. At five, children use tall tales to purposefully fool or deceive others. Their tales are usually designed to protect themselves or to reveal an unfulfilled wish. Children who are five and six years old are likely to blame siblings or inanimate objects for their mistakes if they can get away with it. Children at this age are poor losers, so they may cheat when playing a game in order to win.

By the age of seven, children are developing an ethical sense of good or bad and right or wrong. They are becoming aware of attitudes as well as actions. They are bothered by any lying or cheating their friends might do. Eight-year-olds are basically truthful, but they may exaggerate a story to impress an audience. The words "honest" and "truth" have become a part of nine-year-olds' vocabularies. Even when they exaggerate, they quickly set the record straight by saying, "Oh, Mom, you know that isn't real." By the age of ten, children have ethical standards. They may be very exacting of themselves and others.

Children have a strong desire to please their parents. For this reason, parents need to let their children know when they are pleased or when the children have done something right. Some parents fail to remember how important this is for their children. If children are hungry for approval, they may lie to their parents in order to get their approval. For instance, a parent may ask, "Did you make your bed?" The child answers "yes," knowing that is the answer the parent wants to hear. The child does not stop to think that when the bedroom door is opened, the parent will see the unmade bed. The child's only thought is to win the parent's approval. But the result is a parent who is doubly disappointed because of the unmade bed and the lie.

Children learn values by observing their parents. Therefore, parents should be careful about the "little white lies" they tell. When adults use false excuses to decline invitations or to end phone conversations, children may try to imitate them. They do not understand why adults may tell lies, but children may not.

Parents can help their children learn to value honesty by rewarding them when they tell the truth. The best rewards are increased trust and more privileges, not material goods. Parents should help their children accept the fact that all people make mistakes. They should let the children know that they will not be severely punished for making mistakes. In fact, parents should realize that punishment may backfire. Children may become skillful liers if they find that they can escape punishment by telling lies.

Honesty is a value which children may or may not develop as they grow up. See 16-2. Those who find that being honest contributes to their well-being are more likely to accept the value of honesty.

STEALING

Early in life, a child needs to learn that some things belong to him or her and that other things belong to other people. A child should be allowed to have a special toy that is his or hers alone. A child should not have to share everything. Sharing is a lesson to learn, but there is also a lesson to learn about property rights.

Children must learn to distinguish between what is theirs and what belongs to others. Parents who bring their children with them to the supermarket know how many temptations there are for children. Children have to learn that they cannot have everything they want even when it is within reach. This lesson is difficult, but necessary. Children must learn that there will be many things in life that they cannot have.

If parents notice strange toys or objects in their home, they should see that the objects are returned to their owners. Parents should not overreact with anger, embarrassment, or sermons. Nor should parents try to trap a child by asking, "Where did you get this toy?" Such a question might encourage the child to be dishonest a second time by lying. By this time, the child will realize the wrong, but will go to great lengths to avoid the parents' disapproval.

A better approach for parents is to act firmly and calmly. They may say, "We see a toy that is not yours. Let's take it back to the store."

16-2 Although parents want their children to be honest, some cheat or act dishonest if they think they can get away with it.

In this way, the child is confronted with the truth and also with a way to correct the misdeed. The child needs to learn that things which are taken must be returned. If the child senses that the parents know the truth and are willing to help the child return the item, the child will accept this course of action. Store managers feel a valuable lesson is learned when parents bring a child to a store to return an item. The child learns that wrongs must be righted. The child also learns that parents will offer support even when the child has done something wrong.

Shoplifting

As children reach the teenage years, they become more likely to shoplift. Many young people who shoplift developed a pattern of stealing during their childhood. Others shoplift in response to new pressures they feel during adolescence. See 16-3.

For some teenagers, shoplifting is a compulsive act. They steal for the thrill of taking something. They shoplift not because they need an item, but because they want to act on a dare or for a lark. Others shoplift because they are with friends who are doing it. Some shoplift as a sign of rebellion against authority or as an expression of revenge. Still others shoplift because they feel they need items they cannot afford in order to keep up with their peer group.

Teenagers who have jobs may be tempted to steal from their employers. The frequency of in-house shoplifting has risen dramatically in recent years. Many young people say they become caught up in the practice of taking things because they see others doing it. The temptation is there, and if they give in to the pressure of trying to impress their friends, they may fall into the trap of shoplifting.

Young people should realize that shoplifting is illegal. It is a crime that has both short-term and long-term consequences. A person with a history of dishonesty may have trouble getting and keeping a job.

Laws forbidding shoplifting exist in every city and state. Businesses have set up controls and devices for detecting this crime. They have also hired security personnel in an effort to catch offenders. If a minor is caught shoplifting, his or her parents are notified and are held responsible. Businesses are firm but cooperative in working with families to solve the problem.

Parents need to be alert and aware of their children's behavior, whether the children are preschoolers or teenagers. If parents see that their children have objects that they perhaps should not have, parents need to talk with them. They need to work with their children in a firm but caring way to prevent further acts of shoplifting or stealing.

TELEVISION INFLUENCES

Most children are influenced by television viewing. Parents need to judge the effects of TV on their children. TV is capable of both positive and negative influences.

Parents have several concerns about TV for children. One is the amount of time children spend watching TV. Another is the content of the programs they watch. Parents are also concerned about how children interpret what they see and what activities the children are giving up while watching TV.

Turning the TV on or off is an action parents can control. If the TV is used as a baby-sitter, then children may sit in front of it for hours watching anything that is aired. Parents who are concerned about what their children watch have options. They can completely eliminate TV and promote time for hobbies, reading, and family conversation. Or they can set daily limits for their children's viewing hours. The limits suggested by authorities are one hour daily for preschoolers and two hours daily for school age children.

Parents should discuss the options for TV viewing rules with their older children. They may set weekly limits; programs may be chosen or assigned; or certain times may be forbidden.

On the positive side, television does offer many excellent programs. It is a window to the world, letting us watch everything from flights into space to international sporting events to scenes of wild animals in their natural habitats.

When possible, family members should

16-3 This teenager is paying for makeup, but she is slipping two necklaces into her purse. Shoplifting is often prompted by pressures associated with adolescence.

watch TV together. This gives them chances to discuss their opinions about the content of programs. As soon as selected programs are over, the TV set should be turned off.

Television viewing should not be a substitute for other types of play and learning activities. Physical and intellectual growth may be stifled if children are always in front of the TV being entertained simply by pushing a button. Parents and other caregivers are responsible for stimulating children with a variety of play and learning activities.

Although TV is often blamed for children's lack of interest in reading, the accusation is debatable. If parents begin reading to their children when they are young, the children are likely to develop an interest in books. As these children grow older, they may choose to spend their time reading rather than watching TV.

Television is also blamed for children's lack of interest in homework. Homework problems can be prevented if parents are aware of their children's assignments and help them learn to manage their time. Parents should encourage their children to develop good study habits and time management skills at an early age. Then when the children are in high school, they will be able to set priorities for homework, TV viewing, and other activities.

One of the most serious concerns about TV viewing involves the impact of violence on the lives of children. Authorities believe that viewing violence on TV may have the following effects. Children may become less sensitive to the pain and suffering of others. Children may become more fearful of the world around them. They may show more aggressive or harmful behavior toward others. They are more likely to hit their playmates, argue, disobey class rules, and leave tasks unfinished.

Authorities believe that parents can moderate the negative effects of TV violence. The first step is to limit the amount of time that children spend watching TV, especially violent programs. Another step is to watch TV with their children. Then parents can point out that the violence is "faked." They can explain the motivation behind the violent content. This will help their children form negative opinions of violence and of violent characters.

Another reason parents worry is because the overall picture of the world that TV presents is so different from the real world. Children may have difficulty distinguishing between reality and fantasy. Stunt people and special effects may confuse them. Also, some TV shows present smoking, drinking, using drugs, and having illicit sex as normal behavior. Parents need to monitor what their children watch and remind children that TV characters are only acting. They are telling a story, not living real lives. See 16-4.

TV commercials may be powerful influences. Young children may be deceived by commercials for toys. Their eating habits may be influenced by commercials for sugared food products. When children hear their favorite TV personalities tell them, "Ask your parents to buy this toy for you," they do what they are told. Then if their parents refuse to buy the toy, some children feel that they have betrayed their TV friends.

Television is a part of our environment. All children are exposed to it. These are facts parents cannot ignore. So, they might as well do what they can to try to make TV a positive influence on their children. They can join other parents and teachers in an effort to convince local stations and national networks to improve the content of programs. They can help their children learn critical viewing skills so they can distinguish fact from fantasty and good from bad. They can monitor the programs their children watch. And they can watch TV with their children and then discuss what they see.

CHILD ABUSE

Incidents of child abuse are being reported at an increasingly alarming rate across the country. A growing number of child abuse cases can be traced back to substitute caregivers. But the overwhelming majority of cases involve parents who abuse their own children.

Most parents who abuse their children are not horrible people. They are usually ordinary adults caught up in situations that they do not know how to handle. Many parents who abuse their children learned this behavior because they were abused themselves as children. They may love their children, but in times of stress, they strike out at whatever or whoever is closest. This is often their own children.

What is child abuse?

The National Committee for Prevention of Child Abuse (NCPCA) uses the following definition of child abuse. *Child abuse* is a nonaccidental injury or pattern of injuries to a child. It is damage to a child for which there is no "reasonable" explanation. It includes nonaccidental physical injury, neglect, sexual violations, and emotional abuse.

There are different forms and degrees of child abuse and neglect. *Physical abuse* is the infliction of physical injury upon a child. This may range from a strong slap to repeated beatings. *Physical neglect* is the failure to provide sufficient food, clothing, shelter, medical care, education, guidance, and supervision for the child. *Sexual abuse* is forcing a child to engage in sexual activities. *Emotional abuse* occurs when parents continually make demands that their children are not capable of

16-4 Parents need to set time limits on their children's TV viewing and monitor the programs their children watch.

meeting. Then when the children fail, the parents criticize and humiliate them. *Emotional neglect* is the failure to provide children with love and affection. Children may receive good physical care and still be emotionally neglected. Emotional neglect is difficult to measure and to prove.

Who are child abusers?

Reports of child abuse cross economic lines as well as social and ethnic boundaries. Certain adults seem to be more likely to be abusers. These adults were abused as children. They feel isolated, and they do not like themselves. They are unable to meet their own needs and unwilling to seek help. They may have family problems, economic stresses, and addictions to alcohol or drugs. In addition, they view their children with unrealistic expectations.

The cycling effect is a dominant factor in cases of child abuse. Parents who were abused as children learned to think of abusive behavior as a parenting technique. When these parents become frustrated, they may fall back on that technique, even though they remember the pain that they experienced.

In many cases, immature parents feel that their own personality needs have not been met. They may feel disappointed in themselves and in their spouses and friends. Their only remaining hope is that their children will give them love and comfort. This is a role reversal which places unfair demands on children.

Many parents of young children feel isolated from the rest of the adult world. They may not be aware of qualified substitute child care, or they may feel that they cannot afford it. They begin to feel trapped, unable to get away. The day to day pressures of child rearing may build up and lead these parents to abusive behavior. See 16-5.

Parents who abuse their children often have limited knowledge of child development. They do not realize that some of the frustrating behaviors of their children are normal stages of development. For instance, suppose a toddler has a toileting accident. A parent who knows that children cannot be expected to master toilet learning before three years of age and that even then they will have accidents is likely to be sympathetic. But a parent without this knowledge is likely to be angry. Parents who do not understand the developmental stages and needs of their children cannot feel empathy. They can only feel frustration.

Child abuse involves the whole family

In a family with married parents, there is no such thing as one abusive parent. One parent may be the active abuser, while the other parent becomes the passive abuser. Passive abusers are just as responsible as those who actively hit or yell at their children.

Passive abusers often remain silent for two reasons. They are ashamed of the way their spouses abuse their children. And they hesitate to tell authorities of the problem for fear that they will have to care for the children alone.

In cases of sexual abuse, the passive abuser may be especially hesitant to admit what is happening and to speak out. *Incest* is sexual activity between persons who are closely related. Incest occurs most often between a father and daughter. More and more cases of incest are being reported. This may be because the topic is coming out into the open for discussion and treatment. It may also be that incest is becoming more common partly because of the growing number of families in which a father and a daughter are not blood relatives.

An incestuous relationship may begin when a child is very young. Often, the child does not know that what the parent is doing is wrong. The child simply regards the acts as signs of affection. When the acts progress to greater sexual involvement, the child becomes confused. If the child tries to talk to the other parent, the child may be accused of lying. In that case, the child has no place to turn for help within the family.

Child abuse affects the whole family even when the abuse occurs outside the home. As more children have substitute caregivers, more cases of abuse by substitute caregivers are reported. Most of these cases involve severe punishment and damaging emotional abuse. They sometimes include sexual abuse as well. In many of these cases, the abuse continues

16-5 Stressful situations in daily home life may lead a frustrated parent to child abuse.

over a long period of time. Children are often too frightened to tell anyone what is happening. The caregivers usually convince them not to tell with threats of more punishment or the withdrawal of food and comfort.

The continual abuse by substitute caregivers harms children in many ways. They suffer from the day to day physical, emotional, or sexual abuse. They also suffer from the buildup of psychological scars. These children's concept of the world and of people is distorted. They will carry these scars throughout their lives. They may continue the cycling effect of abuse with their own children in the future.

The rest of the family can help a child who is abused by substitute caregivers. Parents should take the time to observe interactions between caregivers and their children. They should be alert to changes in the appearance or attitude of their children. They should listen to their children describe daily events, paying attention to any verbal or nonverbal clues the children give. Children generally do not lie about caregivers. If parents have any suspicions, they should follow up on them. This is important, but it is not always easy. If children have been threatened about "telling secrets" of abuse, parents may need to seek professional help to uncover the problem.

Stopping child abuse

Child abuse is usually a pattern of behavior, not a single act. This kind of behavior pattern is not easy to break, but it must be broken. The longer the abuse continues, the more serious the consequences become.

All states in the United States have laws that require certain persons to report suspected cases of child abuse. (Every state requires physicians to report. Other groups of persons who must report vary from state to state.) All states have state agencies to receive and investigate reports of suspected child abuse. In addition, many states maintain central registers of known and suspected cases of child abuse or neglect. Any new report can be cross-checked with the central register for previous incidences.

Although only certain persons are required by law to report suspected cases of child abuse, any citizen may file a report. A person who reports a suspected case of child abuse in good faith is granted immunity from civil and criminal liability.

Reporting suspected cases of child abuse is a step in the right direction, but reports alone will not stop the problem. If children, families, and society are to benefit, supportive programs are needed. The public must be educated about child abuse. Active and passive abusers need rehabilitation programs which they may attend voluntarily or by official mandate. Potential abusers need to know that programs are available for the prevention of child abuse.

Most cities have several helpful agencies and programs. Examples are Children's Protective Services, Escape Centers, Family Outreach Centers, Parents Anonymous, and Children's Resource and Information Services (CRIS).

Some programs are designed to help abused children avoid further abuse and to alert other children to possible abusive behavior. One such program is called We Help Ourselves (WHO). The program does not instruct children to talk back to their parents. But it does encourage children to say "no" to sexual advances and to ask for help if they are abused. The program helps children recognize abnormal acts of affection and teaches children how to state their feelings about advances to them. Children are taught to tell others about a problem and to use common sense in avoiding dangerous situations. Adult leaders use puppet shows and other child-oriented teaching techniques to help children learn these important lessons.

Preventing child abuse

Young people who are not yet parents can take time to consider their own potential to be loving and caring parents. By reading books, taking parenthood classes, and caring for other people's children, young people can gain insight into possible future roles as parents. See 16-6.

As young people consider their future as parents, they should be aware of how they react to stress and anxiety. Those who show patterns of aggression when they are frustrated should learn other, more positive ways of handling their emotions.

Prospective parents would be wise to try to develop skills in problem-solving and decision-making. These skills, along with knowledge of child development, will help them handle the daily routines as well as the unpredictable events of rearing children.

Some people who are already parents worry that the frustrations they sometimes feel may lead to child abuse. These people should seek help so that they do not begin a pattern of abusive behavior. They may take parenting courses offered by schools or social agencies. If they have "leftover" problems from their own developing years, those problems may affect their ability to be loving and caring parents. In such cases, they may need special help from groups like Parents Anonymous or Escape Centers.

Persons who wish to be parents as well as those who already are parents need to be alert to the problem of child abuse. Society as a whole needs to be concerned and to play an active role in assuring the safety of children. The right of a child to protection is absolute. Obviously current laws and social customs do not address the problem completely because children are still being abused. The safety of children is everyone's concern. Children are our future. They should not be exploited or abused.

LATCHKEY CHILDREN

More and more children of working parents are coming home after school to empty houses and apartments. These *latchkey* children have to attend to their own needs until their parents

16-6 Perhaps child abuse could be prevented if people would learn about parenthood by studying and by caring for children before deciding to become parents.

return home from work, 16-7.

Latchkey children can usually be identified by the keys they wear on ribbons, chains, or strings around their necks. They are prey for abuse. Many are also lonely children who need help and attention.

There are several reasons for the growing number of latchkey children. More parents are working. Many parents do not trust substitute child care. Other parents cannot afford to pay for quality substitute child care.

Support for latchkey children is growing. After-school programs are offered by many schools, churches, community organizations, and day care centers. Telephone programs provide sources of reassurance for children who are home alone. Children can call for help in emergencies, to report problems, or just to talk. These programs have names like Phone Friend, Kidsline, Chatters, and Contact-a-Friend.

MISSING CHILDREN

Perhaps the worst fear a parent has is of a child disappearing. Every year, 50,000 children are reported missing. Only about 5,000 of these children are found alive and reunited with their families. Parents and other caregivers must be alert and do what they can to prevent child abduction. The following tips are important.

Know where your child is at all times.

Do not leave your child alone in the car, yard, store, or other public place.

Teach your child how to use the telephone. Make sure the child knows your home number, including area code. Also make sure the child knows how to call the police in an emergency.

Do not write your child's name on his or her clothes or books. Abductors could see it and begin talking to the child on first-name basis.

Choose a secret code word that you and your child can use for identification in case of an emergency. Tell your child never to go with anyone who does not know the code word.

Teach your child not to talk to strangers, ride with strangers, or get involved with strangers in any way. Be sure the child understands the meaning of the word stranger.

Ask the school to notify you at once if your child does not report to school.

Fingerprint your child. Keep a copy of the prints on hand for identification purposes.

Cooperate with your neighbors. Let children know which homes are "safe homes" where they can go for help if they need it. Also, ask neighbors to keep an eye on children when they play outside and to watch for suspicious adults.

16-7 Latchkey children come home after school to empty houses and apartments. They often feel frightened and lonesome while they wait for their parents to return from work.

TEENAGE RUNAWAYS

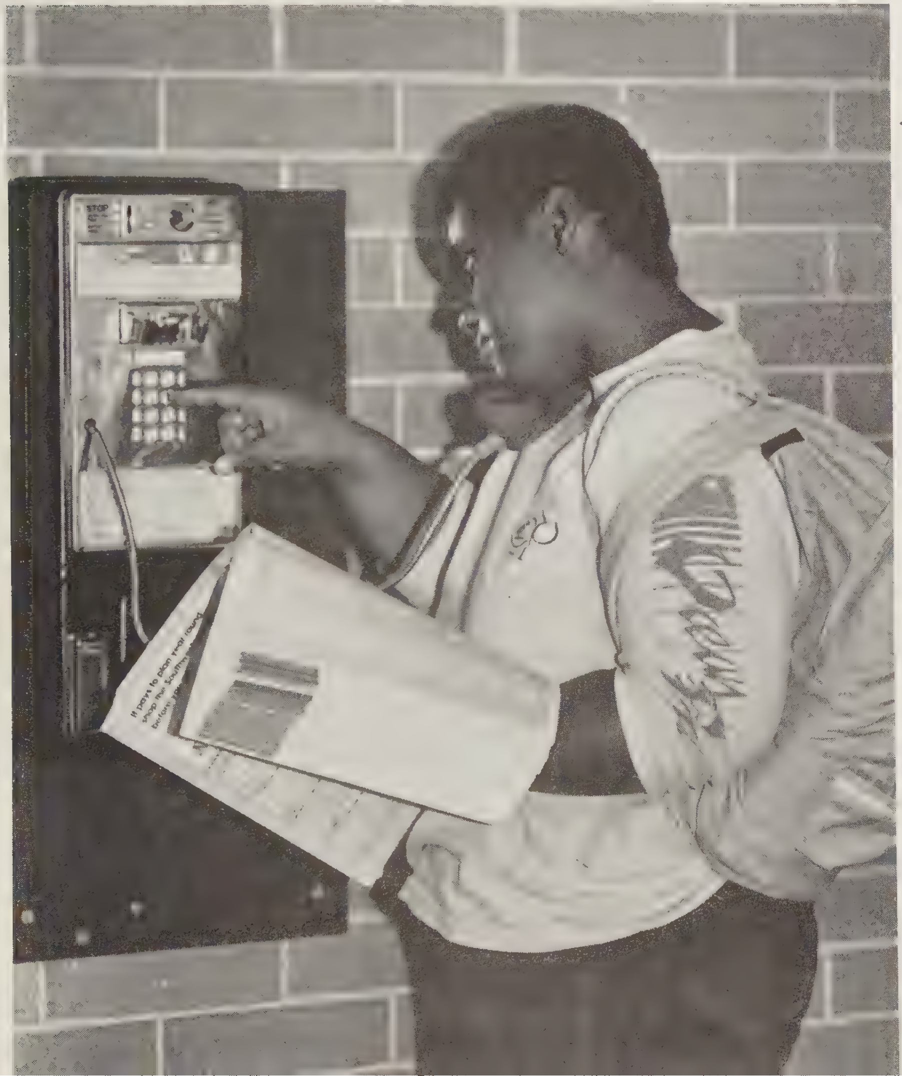
Parents and teenagers do not always agree, but running away is not a solution. Running away does not solve problems; it creates more problems.

The families left behind by runaways live in constant fear. They have no way of knowing what is happening to their teenagers. Reports of other runaways who have been molested and killed add to their fears.

Teenagers who run away are not likely to find the independence they seek. Instead, most find that they have jeopardized their abilities to finish school and to earn a living. After a while, most have to return to their families. The independence they sought has to be traded for even greater dependence. They have to rely on their families for housing and other kinds of support. Their years of dependency become lengthened.

In most families, teenagers feel discontent at times, and parents are sometimes disappointed. When problems occur, family members need to make special efforts to listen to each other. If necessary, they may have to ask a qualified person for help. These steps may be difficult, but they are better than the complete alienation that results from running away.

A number of agencies are available at both local and national levels to help with the runaway problem, 16-8. Runaways and their families can find these agencies listed in the telephone book. They are under such headings as Runaway Hotline, Operation Peace of Mind, and National Runaway Switchboard.



16-8 Running away usually compounds problems for teenagers, and many have found help in services such as Runaway Hotline.

TEENAGE SUICIDE

Each year in the United States, parents of more than 5,000 teenagers must face the shocking reality that their sons and daughters have taken their own lives. And for every teenager who commits suicide, there are 100 others who have made the attempt. The suicide rate for teenagers has been climbing for years. It is now the second leading cause of death among young people between the ages of 10 and 24. (Only accidents cause more deaths.)

Factors leading to suicide

What drives so many teenagers to such a drastic step? That question has no simple answer. A number of different factors may lead to suicide. One such factor is tension in the home. Many teenagers say that they do not feel appreciated or understood by their families. Another kind of tension in the home is caused by parents who put too much pressure on their teenagers to succeed.

Another stress factor that may lead to suicide is the loss of a loved one. The death of a parent, the loss of contact with a parent because of divorce, or the breakup of a friendship may cause severe stress. In our mobile society, loss of a loved one may occur when a family moves from community to community or from state to state. This lack of stability, coupled with our society's general distrust of strangers, may create a stressful sense of isolation.

Teenagers and young adults often put too many pressures on themselves. They may try to do what they think will please their parents. At the same time, they may try to keep up with their peer groups. If they also have many high expectations for themselves, including personal success, status, and good grades, they may be headed for problems. When they realize that they cannot do it all and have it all, they may begin to doubt themselves. Before long, they may feel frustrated with life and powerless to make any positive changes. These feelings may lead to a sense of incompetence and depression.

Parents need to take time out of their busy days to talk with their teenagers. They need to pay attention to the teenagers' moods and behaviors. Young people need a support system on which they can depend. Everyone has gains and losses in life. But in the teenage years, a loss or a series of losses, no matter how trivial, can damage the emerging sense of identity. Teenagers need to be able to talk to someone who will understand them. They need someone to help them sort things out and put them in perspective. If parents can help their teenagers in this way, the teenagers will not feel the desperate alienation that could lead to suicide.

Signals that warn of possible suicide

Teenagers who are thinking about suicide send out many signals. They may show signs of depression such as being tired, sullen, and apathetic. They may complain of aches and pains. They may change their grooming, eating, and sleeping habits.

There are other signals that young people send out when thinking seriously about suicide. They may assume totally different personalities. They may withdraw from friends and let their school grades fall. They may talk about the hopelessness of life. They may even refer to their own death, saying that they wish they were dead or threatening to kill themselves.

Preventing suicide attempts

Signals of possible suicide should not be taken lightly. When parents, teachers, or friends see them, they should act quickly. They should not sit back and wait for the depressed person to snap out of his or her bad mood. Nor should they think that a person who talks about suicide will never really do it. That is a myth. Teenagers who threaten to commit suicide are likely to do it unless people who care make an effort to stop them.

The single most important thing for parents to do is to listen to what their children are saying and trying to say. Both parents and children may feel awkward and unsure of themselves when discussing problems. But as long as both show that they care and that they care deeply enough to do something about the problems, bonds between them can be formed.

If parents feel inadequate, they should seek professional help for themselves and for their teenagers. A trained, objective person may be able to help the teenagers break away from their destructive thoughts.

Across the country, there are private and group counseling services designed to cope with the problem of suicide. They are listed in the telephone book under Crisis Hot Line, Crisis Intervention, Suicide, Suicide Prevention, or the emergency centers of local hospitals. With proper guidance and care, many suicides can be prevented.

to Review

1. True or false. When children make mistakes, parents should let them know that they are disappointed in them, but that they still love them.
2. In what way are feelings of inferiority closely related to feelings of superiority?
3. How can children with feelings of superiority benefit from chances to try new activities?
4. How can parents help their children learn to value honesty?
5. What lessons does a child learn when parents bring the child to a store to return an item the child stole?
6. List four reasons teenagers give for shoplifting. Name a long-term consequence of shoplifting.
7. Name four concerns parents have about TV for children.
8. What effects may viewing violence on TV have on children?
9. Define child abuse.
10. Define physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect.
11. What is meant by the "cycling effect" of child abuse?
12. Why do passive abusers remain silent?
13. List five tips for parents to follow to help prevent their child from being abducted.
14. Why are runaway teenagers who return home usually forced to become even more dependent on their families?
15. List five warning signals that may be sent out by a teenager who is considering suicide.
16. True or false. The single most important thing for parents to do to prevent the suicide of their child is to listen to what their child is saying or trying to say.

to Do

1. Ask class members to play the role of parents. Refer to a listing of TV programs and identify those programs which are shown during children's typical viewing hours. Decide which programs would be appropriate or inappropriate for children.
2. Invite a security guard from a local department store to talk to your class about shoplifting. Ask questions about the store's policy concerning shoplifters and the legal consequences of shoplifting.
3. Ask a family counselor and a law enforcement officer to talk to your class about child abuse. Ask questions about the scope of the problem, the responsibilities of the parents, the responsibilities of the community, the long-term effects of child abuse, and ideas for preventing further child abuse.
4. Find out what steps individuals and groups in your community have taken to help prevent the abduction of children. Discuss what further steps could be taken.
5. Design a bulletin board concerning missing children. Post recent newspaper articles, lists of parental precautions, and resources available to parents should this crisis occur.
6. Collect articles from magazines and newspapers that address the problem of teenage suicide. Discuss the factors that may lead teenagers to suicide and the warning signals teenagers may send out as they are thinking about suicide. Make a list of suggestions for preventing suicide attempts. Ask school officials to make the list available to students and parents.

The need for reliable substitute child care is growing rapidly.

17

Substitute child care

This chapter will help you evaluate options related to substitute child care and identify the different types of substitute child care available. It will also help you recognize factors to consider when selecting substitute child care and assess the concerns of parents who use substitute child care.

The goal of child rearing is to help a child develop to his or her full potential. The ideal environment for child rearing, according to most authorities, is in the home with loving and caring parents. But this is not always true, and it is not always possible. Substitute child care is becoming more popular as the quality of care improves and as our society changes.

DECIDING WHETHER OR NOT TO USE SUBSTITUTE CHILD CARE

Couples should discuss their attitudes about substitute child care when they discuss other family planning issues. Their attitudes about substitute child care, as well as their health, ages, career plans, and other goals, may affect their decisions about if and when to have children.

As couples think about these decisions, they may want to consider the opinions of child authorities. Most authorities believe that the ideal situation is for a child to have one parent as the primary caregiver for at least the first three years of life. The other parent should also be closely involved in the child's care, 17-1. A few other family members and friends can help by caring for the child occasionally to give the parents some time to themselves.

This "ideal" situation may not be ideal or even realistic for some parents. For a number of reasons, parents may prefer to use substitute child care. The child's development is not likely to suffer if the care is of high quality.

Child authorities see many parents who use substitute child care wisely and have good results. They also see other parents whose main commitments are to themselves and their careers. These parents view their children simply as people with whom they share their spare time. The development of these children will suffer no matter what type of substitute care they receive.

When making decisions about child care, parents need to review their goals for rearing children. Then they need to investigate the alternatives for meeting their goals. Parents who are thinking about substitute child care may want to contact local child-related organizations for information. They may also contact city and state licensing agencies, elementary school teachers, friends, neighbors, and co-workers. They need accurate information about the types of child care that are available in order to make wise decisions.

TYPES OF SUBSTITUTE CHILD CARE

Choosing substitute child care requires thoughtful consideration. Children are affected by everything and everyone around them. Their physical, mental, and emotional health is influenced by the foods they eat, the games they play, and the care and attention they receive.

There are many types of substitute child care. Several of them will be described in this chapter. Parents should keep in mind that no

17-1 The ideal environment for child rearing, according to most authorities, is in a home where one parent is the primary caregiver and the other parent is also involved in the child's care.

one type is always good or always bad. Each type should be evaluated according to how it meets the family's needs.

Child care in the child's home

The most desirable type of substitute child care is probably care given in the child's own home, 17-2. The ideal caregiver is an intelligent, experienced person whose values are much like those of the parents. He or she is a warm and loving person who enjoys children. Often, the caregiver is a grandparent or other relative.

Hiring a person (other than a relative) to give this kind of care requires caution. Parents should ask for, and check, references. They should ask about the person's methods of discipline and theories about rearing children. They should also see if the person interacts well with their child or children.

When a caregiver is hired, both the caregiver and the child will need a period of adjustment. Once they are adjusted, everyone should feel comfortable with the situation. The caregiver should not feel anxious or frustrated. The child should not complain endlessly. The parents should not have an uneasy feeling that things are not going well. If any of these bad feelings exist, the situation should be changed. Changing caregivers too often may be damaging for a child. But it is better than maintaining a bad situation and allowing it to become even worse.

Substitute care in the child's own home often costs more than other types of care, especially for families with just one or two children. For families with several children, this type of care may be more economical.

The government does not license or regulate the care children receive in their own homes.

17-2 The most desirable type of substitute care would be care for children in their own home.

Parents are responsible for seeing that their children's physical, intellectual, emotional, and social needs are met.

Child care in the caregiver's home

The most common type of substitute child care is in the home of the caregiver. One of its advantages is that it is often available within the child's own neighborhood. Another is that it is limited in size. It may be the best answer for a shy child who can learn to interact with a few children in a familiar home setting. This type of care may also be good for children who need individual attention.

People who care for children in their homes are often parents themselves. While they stay at home with their own children, they also care for other children. The best caregivers in these situations are those who are comfortable with children and truly enjoy children. They believe in schedules, but they are flexible when necessary. They maintain discipline by guiding with gentleness as well as firmness. They are loving, patient, and calm in emergencies. These ideal caregivers have been educated in child development, and they have had experience working with children.

When parents are thinking about placing their child in a caregiver's home, they should visit the home a few times, preferably on short notice. See 17-3. Such visits allow them to see the interactions between the caregiver and the children. They can see how the caregiver solves problems that arise. Parents can learn a lot by watching the other children, remembering that these children would be the playmates of their child. Parents can then decide if they want these children to influence the behavior and personality of their child.

Before parents make a decision, they should ask the caregiver about his or her theories on rearing children. They should ask about the caregiver's rules and how they are enforced. Parents should also ask for references and check them thoroughly.

In most states, day care homes are registered but not licensed. Certain restrictions exist, such as limits on the number of children allowed in each home. However, day care homes are not inspected on a routine basis. Parents have to be the judges of the care their children receive. If they are not satisfied, they should look for another home. For serious problems, they should register complaints with appropriate authorities to protect other children.

Government-sponsored child care

Head Start, Home Start, and entitlement programs are sponsored by the government. They are available to about five percent of the needy working population who qualify for free or low cost child care. These programs must comply with strict guidelines in order to be licensed. Although the guidelines have little to say about staff qualifications and program activities, children in these programs usually receive good care.

Church-linked child care

Some parents rely on their churches for substitute child care. Generally, these programs operate on a part-time basis. Most church-linked programs have high standards and are run by well qualified staff members. Fees may be charged to cover expenses, but they are usually low.

Employer-sponsored child care

Business managers know that many of their employees are parents. They know that these employees are concerned about their children's welfare. As a result, businesses are becoming more involved in child care.

Some businesses provide on-site child care for employee's children, 17-4. This allows parents to be close at hand if their children need them. It also allows parents and children to spend time together while traveling to and from the job site and perhaps during the lunch hour.

Not all employers can offer on-site child care. Some offer a "voucher system" instead. In this system, a parent is given coupons or vouchers which can be redeemed at whatever child care facility the parent chooses.

Other employers offer a "cafeteria style" package of benefits. Employees may choose any of several different kinds of benefits. Parents may choose company-paid child care.

17-3 Before selecting substitute care for a child of any age, parents should investigate the facilities and the caregiver's theories of rearing children.

17-4 A working parent can eat lunch with her children if her job offers on-site child care facilities as a benefit.

Single persons may choose dental insurance. Older employees may prefer a pension plan. The options vary from employer to employer.

Flextime and job sharing are other ways employers cooperate with parents. Flextime plans allow employees to arrange their work schedules according to their children's needs. Job sharing allows two employees to work together to complete the work load of one employee. They can arrange their schedules however they wish as long as the work is done.

Employees and their children are not the only ones who benefit from employers' help in child care. The businesses also benefit. Studies have shown that parents who feel secure about the care of their children make better employees. They are more loyal, and they are absent less often.

University-linked child care

Child care programs are a part of many universities. They offer care for the children of faculty, students, and the general public. They also offer educational opportunities for university students studying child development. Since the caregivers are university students and teachers, the children receive excellent care and guidance. The children are exposed to all kinds of educational equipment and techniques. Fees are usually low, just enough to cover expenses. These programs often have waiting lists because they are so popular among parents. See 17-5.

Cooperative child care

Cooperative child care centers have been started by groups of parents who want low cost, high quality child care. In these centers, parents provide many of the services for which other centers would have to pay. For instance, maintenance may be provided by parents at "work parties" or on an assigned basis. The business end of running the center may be handled by parents acting as tuition clerks and purchasing agents. The most important part of

17-5 University-linked child care programs offer educational opportunities for students as well as excellent care for children of faculty, students, and the general public.

parent participation is in the center itself. Parents are usually required to participate in the center one day a week for each child they have in the center. Parents with special skills or talents share them with the children. The sharing experiences between parents and their children and the support system among parents are special advantages of cooperative child care.

Play groups

Parents of small children may organize play groups to provide social activities for their children, 17-6. These play groups give parents the chance to exchange baby-sitting services. They also allow parents to interact and learn from each other.

Play groups must be limited in size, not only because of space but also for manageability. Most groups use a system of tokens or time-exchange records to make sure the exchange of baby-sitting services is fair. The success of play groups depends on the cooperation of parents.

Privately owned child care centers

Privately owned centers are as different as the persons who own them. Some are simply "play schools" where the caregivers are little more than baby-sitters. But many centers have excellent programs run by well qualified staff members. These good centers have plenty of safe play equipment and a variety of supervised activities. Costs vary as do the services offered

17-6 Play groups provide social activities for children as parents take turns supervising them.

and the quality of care. Parents must keep all of these factors in mind as they compare centers and make a decision.

Nationally franchised child care centers

Child care centers that are part of a national chain offer uniformity in child care. See 17-7. The equipment and overall programming are much the same from center to center although there are variations. In general, these centers have lots of good, safe equipment and well developed programs designed and supervised by trained personnel. Meals and snacks are usually available. Extended hours allow flexibility in parents' schedules. The fees are in the medium price range for dependable substitute child care.

Drop-in child care centers

Many stores and shopping malls have drop-in child care centers which provide occasional part-time care for preschoolers. This type of care may also be available in community centers, churches, or schools. Drop-in centers are often the first step toward entering children in a continuing child care program.

After-school child care

Many working parents want supervision for their children between the time their children finish school and they finish work. To fill this need, some child care programs are designed just for school age children. They provide the opportunities for rest and recreation that children need after a day at school. These programs may be offered in homes, churches, or community centers. Many day care centers for younger children expand their afternoon programs to include school age children. Some schools are helping families cope with the after-school time gap. They provide extended day programs so children can stay at school until their parents can take them home.

SELECTING SUBSTITUTE CHILD CARE

Not all parents need or want to select substitute care for their children. But those who do should put some time and effort into their selections. People shop long and hard for clothes, furniture, houses, and cars. Parents should put even more effort into choosing care for their children. Children's development is greatly influenced by their environment and their caregivers.

Some parents consider their own needs to be the main factors in choosing child care. They will accept any center that is in a convenient location and has low fees. Fortunately, most parents consider their children's needs as well as their own. Several factors worth considering are listed in 17-8.

When selecting substitute child care, parents should have realistic expectations. They should be able to expect good care for their children. But they should not expect substitute caregivers to fulfill roles that are really theirs as parents. If children are upset because of something that happened at home, parents should not expect substitute caregivers to be able to comfort the children. Frightened or frustrated children should be calmed and comforted by parents before they are left with other caregivers. Parents should not take a sick child to a child care facility. This could endanger the well-being of the sick child and of the other children.

17-7 Nationally franchised child care centers usually offer well developed programs, lots of safe play equipment, and trained personnel.

As parents study their options for substitute child care, they need to consider many factors. Five major factors are the physical setting, the program, the adult-child ratio, characteristics of the caregivers, and consistency.

CHECKLIST FOR CHOOSING SUBSTITUTE CHILD CARE

- ☐ Does the care facility meet state, county, and city licensing requirements? Is it checked regularly by authorities to see that certain standards are maintained?
- ☐ Does the care facility have a good reputation?
- ☐ Is the care facility in a convenient location?
- ☐ What is the cost for each child?
- ☐ Are alternative schedules available to meet various needs for hours per day and days per week?
- ☐ Does the setting have a warm, homelike atmosphere?
- ☐ Are the rooms and play areas designed and decorated with children in mind?
- ☐ Is the care facility equipped with a variety of safe play equipment and arranged with safety in mind?
- ☐ What precautions are taken to prevent children from wandering away and to prevent strangers from entering the premises?
- ☐ Are the restrooms clean, easy for children to use, and in good repair?
- ☐ Do the children have a comfortable and quiet place for naps?
- ☐ Is there an isolated place for an ill child?
- ☐ Is good emergency care available for the children if the need arises?
- ☐ Is the food nutritious, well prepared, and suited to the age of the children?
- ☐ Are the children grouped according to age? Are suitable activities planned for each age group?
- ☐ Are children allowed to choose some of their own activities? Are they allowed time for quiet, individual play as well as active, group play?
- ☐ Is each child respected as an individual?
- ☐ Are the needs of the parents recognized by the caregivers?
- ☐ What is the adult-child ratio?
- ☐ Are all areas of the care facility supervised at all times?
- ☐ If a child needs individual attention at times, would this be available?
- ☐ Are the caregivers well trained and experienced?
- ☐ Are interactions between caregivers and children pleasant?
- ☐ Do the caregivers encourage the physical, intellectual, emotional, and social development of the children?
- ☐ Do the caregivers attend promptly to children's needs?
- ☐ Are the caregivers calm, gentle, and fair to the children? Do they have a good sense of humor?
- ☐ Do the caregivers discipline the children without the use of harsh punishment?
- ☐ Do the children seem happy?

17-8 Parents should consider these factors before selecting substitute care for their children.

The physical setting

A desirable setting for child care is one with a welcoming, homelike atmosphere. The decor is colorful and interesting. The entry or lobby gives parents space to interact with their children as they come and go. Windows are at children's eye level. Movable walls can provide either open spaces or secluded areas. Lighting is incandescent rather than fluorescent. Eating areas are small so that small groups of children may be served in a homelike atmosphere. Small tables and chairs help children feel comfortable and bring adults down to the children's level.

The program

No single type of program can meet the needs of all children. Parents must look for the type of program that is best suited for their children. In play groups, simple baby-sitting is all that is expected or needed. In preschools, programs are carefully designed to offer many learning experiences, 17-9. In any case, the program should be completely supportive of parents and families as well as helpful to children.

17-9 Substitute child care programs vary in content and approach. Parents should look for programs well suited to their children.

The adult-child ratio

Children need personalized care. An adult can provide adequate care for only a small number of children. Generally, one caregiver is needed for every two or three infants, for every four toddlers, and for every eight preschoolers.

Characteristics of the caregivers

Well trained and experienced caregivers are keys to good child care. Parents should evaluate the characteristics of prospective caregivers. One way to do this is to visit the child care site, preferably unannounced. Just before lunch is a good time to visit, for this is when children tend to be uptight. If the children seem to be content then, they probably are happy most of the time. Parents should pay attention to the noise level, too. A pleasant hum of activity is a good sign. Loud noises and reckless running may be warning signals.

Another way for parents to pick up clues is to notice how the caregivers interact with the children. Good caregivers have the following characteristics:

- Transmit positive feelings about themselves and their jobs.
- Spend most of their time interacting with or observing the children.
- Are familiar with the various stages of children's growth and encourage each child's development.
- Attend promptly to children's needs, such as the need for clean diapers.
- Are calm and gentle.
- Demonstrate flexibility and a sense of humor.
- Encourage healthy curiosity.
- Are fair when squabbles occur.
- Tell children what they can do and set limits on what they cannot do in a positive manner.
- Believe in discipline but not in harsh punishment.

Consistency

Consistency is one of the most important qualities in substitute child care. One of the most difficult developmental handicaps for children to overcome is being moved from caregiver to caregiver. This is why it is so important for parents to consider all the pros and cons when first selecting substitute care.

Evaluating substitute child care

Parents must select substitute care for their children carefully. But their responsibility does not end there. They must continually evaluate the care their children receive. The evaluations may be quite simple. Parents may rely heavily on their instincts.

Parents can tell a great deal about the care their children receive by watching the children's reactions. If children complain day after day about going to a child care facility and if they seem tense and unhappy when they return, parents should find out why. If parents have uneasy feelings, they should trust their instincts and take action. On the other hand, if parents have positive feelings, they should be pleased with the care their children receive. Instinct and common sense can tell parents a lot about the well-being of their children. See 17-10.

CONCERNS OF PARENTS

Parents using substitute child care are likely to face a number of concerns. To reassure themselves, they can check the physical setting, the program, the adult-child ratio, characteristics of the caregivers, and consistency. Yet there are other intangible concerns that worry parents even more. Probably the most fearful thought for a parent is, "What will happen to my attachment to my child?"

Children who receive substitute care have to adjust to their caregivers and to being separated from their parents. In most cases, children also have to adjust to new environments and to other children. All of these factors play a part in the feelings of attachment between parents and children.

From the first day of substitute care, role reversals begin between parents and other caregivers. Mothers and fathers have to accept the fact that they are not the only "special ones" to their children. They find out how it feels to have someone else tell them how to comfort their children.

In many cases, substitute caregivers spend more time with children and comfort them more often than the parents. In these cases, children may become more closely attached to their caregivers than to their parents. In fact, it is quite common for injured children who need help to call out for their caregivers. Parents may have pangs of jealousy when they hear this, but those who use substitute care must learn to accept these inevitable moments. Instead of feeling jealous, parents need to feel reassured that their children are receiving good emotional support, even if it is from someone else. This is one of the prices parents pay when they use substitute care, 17-11.

Parents also have to struggle with feelings of guilt. Regardless of the reasons why they use substitute child care, they will feel guilty at times. There will be days when their children cling to them and beg them not to leave. These times are just as difficult for parents as they are for children.

Parents may be able to make partings easier by reassuring their children that they will return. Little children quickly figure out that

17-10 Parents can tell a great deal about the care their children receive by watching the children's reactions.

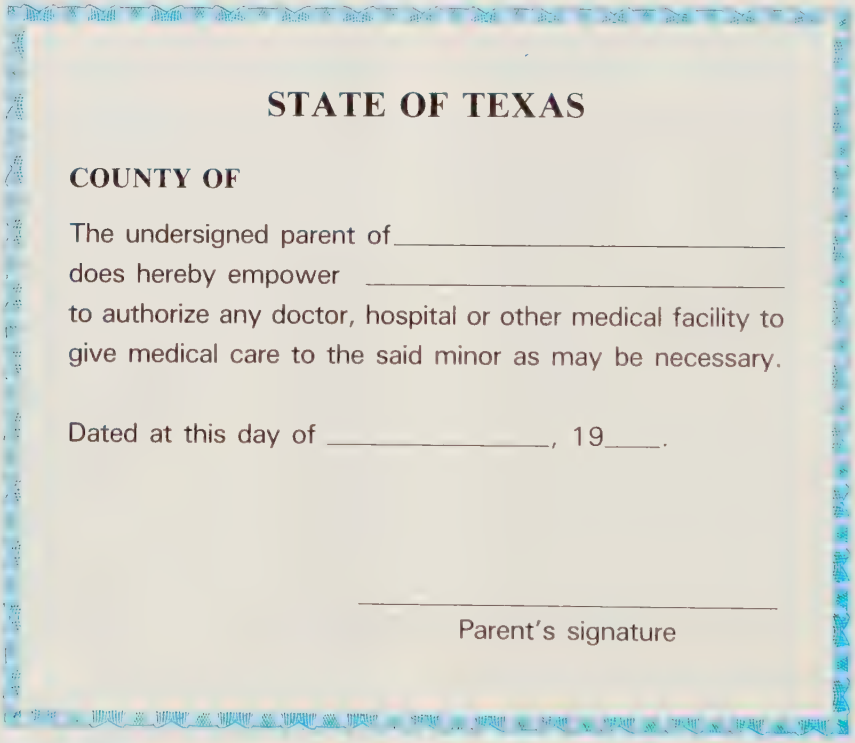
17-11 Because this child is reluctant to leave the arms of her caregiver, her mother may feel jealous, but this is a sign that she is receiving good care.

their parents have to come and get them before they can return home. They may worry, "Will Mommy and Daddy really come and get me, or will they forget me?" Parents should make an effort to be on time so their children do not have to wait for them. Watching other children and parents greet each other increases children's feelings of anxiety.

Another concern parents may have is about the quality of care their children receive. Parents ask, "Are other people really caring for our children the way we would?" Caregivers' ideas may differ from those of parents on simple things such as forcing children to eat everything on their plates. If parents have special concerns, they should talk with their children's caregivers to ease their minds.

Parents may also be concerned that their children act differently in the substitute care environment. Children may react in different ways to different situations, just as adults do. What they do in the presence of their parents is often very different from what they do when their parents are out of sight. Parents are often surprised to learn that their children are capable of leading separate and distinct lives.

Thoughts of a child with a serious illness or injury worry all parents. Those parents who use substitute care may worry about what would happen if they were not around when their children needed help. This is a valid concern. Many hospitals, private hospitals in particular, will not administer care without the consent of a parent or legal guardian. Exceptions are made only for life-threatening emergencies. The threat of malpractice suits makes hospitals cautious. They will spend hours searching for parents before giving any treatment to a child whose life is not in danger. Parents can prevent problems by signing consent forms like the one shown in 17-12. Each person who provides substitute care for a child should have a form.



STATE OF TEXAS

COUNTY OF

The undersigned parent of ______________________________

does hereby empower ______________________________

to authorize any doctor, hospital or other medical facility to give medical care to the said minor as may be necessary.

Dated at this day of ________________, 19____.

____

Parent's signature

17-12 All caregivers should have medical consent forms.

to Review

1. According to most authorities, what is the ideal situation for child rearing?
2. List three sources of information about substitute child care.
3. What is probably the most desirable type of substitute child care?
4. What is the most common type of substitute child care?
5. True or false. The government licenses all types of child care services.
6. Briefly describe three ways employers help parents acquire substitute child care.
7. Name two advantages of cooperative child care programs.
8. List five characteristics of nationally franchised child care centers.
9. What are the five major factors parents need to consider when choosing child care?
10. Suggested adult-child ratios in substitute child care settings are one caregiver for every ____ or ____ infants, one caregiver for every ____ toddlers, and one caregiver for every ____ preschoolers.
11. List ten characteristics of good caregivers.
12. Once parents have selected a substitute child care program, what is their continuing responsibility?
13. Describe the feelings a parent may have when his or her child is in need of help and calls out the name of a caregiver rather than calling for the parent.
14. Explain why each person who provides substitute care for a child should have a medical consent form.

to Do

1. Ask class members if they agree or disagree with child authorities' description of the "ideal" situation for child rearing.
2. List and discuss reasons why parents may decide to use substitute child care.
3. Describe advantages and disadvantages of each type of substitute child care.
4. Design a bulletin board to show the various types of substitute child care services available in your community. Post addresses, photos of the facilities, descriptions of the programs, and fees.
5. Interview parents who use substitute child care. Ask them about what concerns they have for their children and themselves. Ask them how they deal with their concerns. Report the results of your interviews to class and compare the concerns of the parents.
6. Ask caregivers representing several types of substitute child care programs to visit your class. Ask each to describe the advantages of his or her type of program. Ask them questions about a typical day's events, the frustrations they feel as they work, and the rewards they receive as they care for other people's children.

Children's education progresses best when parents and teachers cooperate.

18

Supervising children's education

This chapter will help you recognize the roles parents play in the education of their children at home and at school. It will also help you analyze the special needs of children who are gifted, hindered by learning disabilities, mentally retarded, physically handicapped, and emotionally ill.

Education is as much the business of the home as of the school. Each supports the other; one should not be seen as a rival of or a substitute for the other. The highest educational goals for children can be achieved only when parents work in harmony with schools.

School age children must relate to two sets of adults—their parents and their teachers. The parent-child relationship and the teacher-child relationship have several similarities and differences.

The parent-child relationship is based on heredity. The teacher-child relationship is based on authority granted by the state.

In the close environment of the home, parents have opportunities to become familiar with the individual characteristics of each of their children. Teachers must deal with many children at once, so they do not become as familiar with children. However, they see children in group settings, so they may know more than parents do about children's social characteristics.

During the early school years, the emotional bonds between parents and children are closer than those between teachers and children. But good teachers try to provide a wholesome, warm atmosphere in schools. As a result, the bond between a particular teacher and child may be very strong.

A sense of humor is needed by both parents and teachers. Overly anxious parents or hardened, mechanized teachers may take away from the excitement and fun of learning.

Both parents and teachers should realize that children are individuals who need the best possible environment in which to grow and develop.

PARENTS' ROLE AT HOME

Children are greatly influenced by their parents' attitudes about education and related concepts like competition, success, failure, responsibility, and discipline. Parents need to give encouragement and support without pushing.

Parents who help their children acquire an interest in learning and an appreciation of knowledge are giving their children priceless treasures. If parents also help their children bridge the gap between what is taught in school and what the real world is like, their children will have a head start on life.

Parents can help their children in these ways, regardless of their socio-economic status, if they take advantage of what is available to them. The quantity of educational toys is not as important as the quality of parent-child interactions. Things as simple as empty boxes, an assortment of buttons, and kitchen tools can be used to teach lessons about size, sequence, numbers, and colors. See 18-1. Certain games involving words, numbers, and maps can indirectly help a child with schoolwork.

Teachable moments

Parents have a unique advantage in the informal education of their children. Parents can seize *teachable moments* to expand children's natural curiosity. Learning can take place in a setting of fun without formalized programs and rigid standards for achievement. If children seem to enjoy an activity, it can be prolonged or repeated. Parents who know how to take advantage of the many teachable moments that occur every day usually rear children who are eager learners. These children think that learning is fun.

Parents who fail to appreciate children's curiosity let teachable moments slip by. If they say, "Don't bother me," too often, children will stop being curious. They will not see the fun in learning, so they will not want to learn.

Other parents try to be alert to what interests their children. A house being built in the neighborhood, for instance, provides opportunities for learning about the many phases of construction. Visits to museums, parks, and beaches can be valuable learning experiences as well as fun family times. Verbal games that can be played in the car turn an otherwise boring block of time into a fun time for learning. Vacations that include visits to national parks

18-1 Parents can use common objects like kitchen tools to teach their children basic concepts and to help them acquire an interest in learning.

or landmarks broaden children's knowledge, 18-2. As adults look back on their childhood, they may have many fond memories of family times that were both fun and educational.

A word of caution may be needed in this discussion. Parents need to judge the readiness of their children for learning opportunities. A daylong tour of historical buildings might fascinate a school age child. But it would overwhelm a preschooler. Parents need to take their children's stage of development into consideration. They need to offer plenty of educational opportunities without pushing.

Encouragement

Children learn in many different ways, but their favorite way of learning is by doing. Children often ask if they can help. Since children cannot do tasks as well as their parents can, parents often discourage them. Parents may take over a task because they can do it faster and more easily by themselves. This not only discourages the children, it also deprives them of a chance to learn and a chance to win parental approval.

Parents need to encourage their children to help whenever they can. When children are "helpers," they have a chance to gain self-esteem. They can feel important because they are contributing to the family. In addition, they are learning not only about the task itself, but also about sharing and cooperating.

Adjustments to school

When children start attending elementary school, most are at the stage of development where they want to achieve. Their desire to learn may be influenced by their parents and by their past learning experiences.

Children tend to mimic the attitudes of their parents. If parents express a positive attitude toward education, their children will have a

18-2 Visiting famous landmarks such as Monticello, the home of Thomas Jefferson, makes vacations educational as well as enjoyable.

head start in school.

Success in one area tends to lead to success in other areas. If children have had successful experiences at home, they will be eager for more. They will look forward to learning experiences in school.

Parents can help their children adjust to the school environment. This is not just a one-time experience. Children have different adjustments to make in different stages of development and in different grade levels.

Before children start school, parents may take them to visit the school to meet their future teachers and classmates. On the first day, some children may want their parents to go with them.

Six-year-olds usually look forward to first grade, especially if their previous learning experiences have been positive. The relationship between home and school is important to children at this age. They take many things from home for the "show and tell" period at school, 18-3. Their parents' responses to their school experiences mean a great deal to them. After-school or bedtime chats give six-year-olds great opportunities to talk about themselves and their experiences at school.

By the age of seven, most children consider home and school to be two different worlds. They are used to leaving home and going to school each day. They still have adjustments to make, though, since different things are important to children at different ages. Parents must relate to each child on an individual basis to make education as enjoyable and meaningful for the child as possible.

Homework

The home is where structure and routine should be introduced as the basis for good work habits in school. A family's life-style should be planned to provide time to eat, sleep, play, work, study, and relax. Children who come from homes with clear structure, shared responsibilities, and set routines usually develop good study habits. They often do better in school than children from more permissive homes where family members do whatever they want to do whenever they want to do it.

Homework is an issue that every family must face. Children's attitudes toward homework are largely affected by their parents' attitudes. Parents should make it clear that they expect their children to meet all school responsibilities, including homework. When children know that they must do their homework, they learn to set priorities. They learn to manage their time to accomplish what they have to do and still have time for what they want to do.

If parents find that children are not doing their homework, they should express their disappointment. This shows their concern for the children's failure to meet responsibilities. When this first occurs, parents should ask their children if they want to be reminded of their homework or if they would rather handle the responsibility of doing it themselves. Some children depend on parental controls, while others prefer the independence of being responsible for their own work.

Parents may use positive reinforcement when children practice good study habits and do well in school. Usually, rewards in the form of praise or increased privileges are better than money or material goods. Everyone likes to be praised, and parents should praise children when they have done their schoolwork well. Each child in a family has different abilities, so their accomplishments will vary. Still, every child benefits from praise for work done to the best of his or her ability.

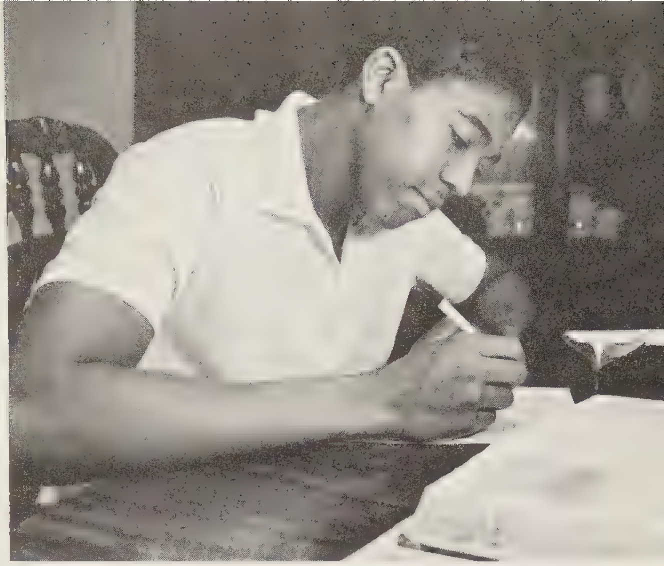
Although children must do their own studying, parents may be able to make the work a little easier. Parents can make sure children have a suitable place to study. This does not mean that every child needs a separate desk in a private room. It does mean that each child needs space to spread out books and papers in a place that is well-lit and fairly quiet, 18-4.

Children need to know that their parents are available for consultation, but parents should never do the children's work for them. Children should feel free to talk to their parents about schoolwork, especially about special projects. Parents may be able to suggest helpful resources such as a knowledgeable neighbor, current magazines, or pamphlets that are available through the mail. Parents can guide their children while helping them develop their own resources for problem solving.

PARENTS' INVOLVEMENT WITH SCHOOLS

Schools cannot function adequately without input from parents. School administrators, teachers, and parents must work together to ensure quality education for children.

School board members are elected officials, so parents play an active role in deciding who serves and what policies they set. Parent-teacher conferences can be arranged to allow parents to talk individually with teachers. Many schools schedule time for conferences throughout the school year, with both day and evening hours. Parents can also show interest in schools by attending athletic contests, concerts, plays, and other school-sponsored events.



18-4 Parents help children develop good study habits by providing them with a relatively quiet space for studying. Anyplace from the dining room table to a desk in a separate room will do.

18-3 Allowing children to take things from home for the "show and tell" period at school helps children understand the relationship between home and school.

New technologies are introduced from time to time in the field of education. Parents and school officials should keep informed of the advantages children could gain from the new technologies. For instance, they should study what computers are available, how they work, and how to use them. They need to consider when and how children should learn basic computer skills. By working together, parents and schools can help children gain the skills they will need to cope in our changing world.

The key to education is to stimulate and challenge children at each stage of their development. At home, parents can sense when their children are interested in and challenged by their schoolwork. They can also sense when their children are either bored or frustrated. At school, teachers can see how well children pay attention in class and complete assignments. They can also see how children interact with other children. Children's total educational development is best served by parents and teachers who work together, sharing concerns and suggestions.

THE GIFTED CHILD

The term *gifted* is used to describe any child who is outstanding in either a general sense or a specific ability. In many cases, gifted children can absorb large amounts of information quickly and easily. Many have much larger vocabularies than their schoolmates. They may also be superior in terms of originality, logic, common sense, ambition, sense of humor, athletics, or music, 18-5. Some people think that gifted children are small, weak, nervous, and unstable. This is usually not true. Gifted children often have superior talents in physical as well as intellectual areas.

In the past, gifted childen received little attention in our society. The major concern of schools was to treat everyone equally. They tried to make sure that no one student received more than any other student.

Today, gifted children are gaining attention. One reason is parental pressure. Another is the renewed concern for excellence in all areas of education. A third reason is the growing amount of research that points out the huge costs of ignoring the talents of gifted children. As a result, there is a new awareness of each child's unique needs. Each child, whether gifted, mentally retarded, emotionally ill, physically handicapped, or "normal," deserves individual attention to his or her unique needs.

When children learn quickly and get good grades easily, parents feel proud. All parents like to think that they have bright children. But strange as it may seem, gifted children may have as many problems in the classroom as children who have difficulty learning.

Gifted children may pose problems for their parents and teachers if their special talents are not challenged. If children are smarter than others their age, they may become bored with schoolwork that is too easy for them. They may cause discipline problems in their classrooms. If they always perform well in all their schoolwork, their classmates may call them names like "smarty pants" or "the brain." Such ridicule is painful for children. To avoid the ridicule and to be more like other children, some gifted children hide their talents. In such cases, these children may become maladjusted. They may become hostile and independent, unable to get along with anyone.

Alert parents are usually the ones to first see signs of giftedness in their children. Chart 18-6 lists characteristics that are typical of gifted children. Signs of giftedness may be evident from infancy. In general, gifted children are very alert at birth and may sleep less than other infants. They develop skills like talking and reading earlier than other children. From an early age, they show an amazing strength of will. They ask a lot of questions and can grasp explanations easily.

Until children go to school, parents are the best observers of their special talents. Some parents may have their children take tests to determine their skills. Others simply trust their instincts, providing children with enriching hobbies or lessons in areas where they seem to excel. Preschools that offer individualized learning opportunities may provide just the stimulation that young gifted children need. There, children are allowed to proceed at their own accelerated pace.

Once children are in school, alert teachers and counselors can help guide them. Gifted children may be given tests to pinpoint those areas in which they excel. Traditional IQ tests may be given to measure logical thinking. Other tests may be given to measure creative thinking or specific skills in such subjects as math and science. Talents in the arts are usually judged by experts in specific arts. Children who do well in these tests may be placed in programs for gifted students.

Most authorities do not recommend special schools just for the gifted with the possible exceptions of ballet and music schools as the children grow older. The social effects might be damaging to the children. Besides, gifted children are used to excelling. When placed among other gifted children where they might not be the very smartest or best, their self-esteem may suffer.

Authorities differ on the topic of skipping grades. Many believe that the emotional disadvantages outweigh the intellectual advantages. They believe that most intellectually gifted children still need to function within their emotional age group. Different recommendations should be considered, but parents are usually

18-5 *Gifted children may excel in a general sense, or they may have special talents in a specific area such as music.*

CHARACTERISTICS OF GIFTED CHILDREN

EARLY DEVELOPMENT—Most gifted children talk early, and their vocabularies are more advanced and descriptive than those of their peers. About half learn to read, usually teaching themselves, before they start school.

LONG ATTENTION SPAN—The child's concentration may be so intense that it resists interruption, or the child may appear to daydream. Gifted children tend to be persistent, to know what they want, and to refuse to be distracted from reaching their goals.

SUPERB OBSERVATIONAL SKILLS—An alert toddler might remember which one of ten blocks is missing. Or a creative child might observe that the fried egg on his or her plate looks like Alaska.

ADVANCED REASONING SKILLS—The gifted child understands complex concepts and relationships. For example, a disagreement about simple household chores may drag on as the child gives logical explanations of why he or she did not do the assigned chores.

QUESTIONING MIND—A gifted child usually asks penetrating questions and demands responses. Many questions reflect an intense curiosity: If you can feel the wind, why can't you see it? Why do people have to grow old?

INTEREST IN STRUCTURE AND ORDER—Gifted children may like objects or ideas that are consistent like number systems, clocks, and calendars. Gifted children may be highly skilled at taking things apart and putting them together.

IMAGINATION—A gifted child may be the leader in "let's pretend" games. He or she is likely to have an imaginary playmate and to see toy cars alternately as football players, mountain climbers, or superheroes.

HIGH ENERGY AND RESTLESSNESS—The child's mind will not stop, even when the body needs to sleep.

UNUSUAL TALENTS—Children gifted in specific areas generally display their talents and interests early.

18-6 *Parents are usually the first people to notice many of these characteristics in their gifted children.*

the best judges of their children's needs.

Perhaps the best way to meet the needs of gifted children is through enrichment programs. In these programs, children can explore specific subjects in greater detail. The programs may be offered within regular classrooms, in "magnet" or "honor" classes during regular school hours, in after-school programs, or in separate clubs.

THE CHILD WITH LEARNING DISABILITIES

Some parents may sense that their children have difficulty in early learning experiences. If parents suspect that the difficulty may be related to some kind of disability, they would be wise to take action right away. They should contact professionals who can identify and deal with the children's learning problems. Ideally, learning problems should be identified before children go to school.

Early consultation and diagnosis can relieve parental anxiety. If and when a particular type of disability is identified, treatment can begin. The earlier treatment begins, the more helpful the treatment may be. See 18-7.

An eye, ear, or speech exam may be done to be sure there is not a physical problem. A neurologist may look for signs of minimal cerebral dysfunction or medical problems connected with hyperactivity. Psychological testing may also be done. Some parents may hesitate

a little girl
O.K.
Kur

18-7 Parents should seek special education and training programs if they have a child with learning disabilities.

when this is suggested, but it may be a necessary part of a complete diagnosis.

An academic evaluation may be suggested for school age children who may have learning disabilities. This would give parents and school officials an idea of the children's strengths and weaknesses in learning. It would also show how the children view themselves and their behavior in the world around them. The results of this kind of evaluation may help establish cooperation among children, parents, and teachers.

Once a final diagnosis of the learning disability is made, treatment can begin and recommendations for special learning needs can be followed. Each child's situation must be considered on an individual basis.

Hyperactive children with learning difficulties may benefit from drug therapy. The drugs themselves do not improve the children's learning skills. They simply decrease the children's hyperactivity or restlessness. Then the children have longer attention spans and better powers of concentration.

Sometimes perceptual motor programs can help children with learning disabilities. These programs work best for children whose motor skills such as crawling, walking, and running have progressed normally. These children may benefit from training programs that focus on the children's visual skills and motor-visual exercises.

Psychotherapy may be used to help children whose learning disabilities are caused by (or enhanced by) emotional or social problems. These children may be fearful and anxious about their ability to relate to others, 18-8. Until their fears and anxieties are resolved, their

18-8 Some children's learning disabilities may be related to their inability to relate well with other people. Psychotherapy may help these children.

learning problems cannot be treated.

Some children with learning disabilities may benefit from behavior modification. In this therapy, efforts are made to change or modify the children's observable behavior. A system of rewards is set up to motivate the children to want to improve.

THE MENTALLY RETARDED CHILD

The American Association for Mental Deficiency defines mental retardation as a condition that includes both significant subaverage general intellectual functioning and deficits in adaptive behavior. Thus, two measures are used: IQ test scores and judgments of a child's adaptive behavior.

Mentally retarded children are usually divided into three distinct groups for educational purposes. The three groups are educable children, trainable children, and children who require institutional care.

Educable children can learn to function as citizens in the normal pattern of living. They usually do very well in special education classes. Their teachers use a variety of educational tools to stimulate learning. Children are allowed to learn at their own pace. They are not under pressure to keep up with other students. Some educable children can function in regular classrooms for certain subjects such as social studies or art. If so, they may move to the classrooms for certain periods of the day.

Trainable children can learn certain skills. They can be productive in a sheltered setting where they learn some academic skills as well as living skills. In many cases, trainable children are able to live in their own homes and attend daytime classes at community facilities. As adults, these individuals are often able to enter the world of work in limited settings. They may live fairly normal lives.

Children who require institutional care have very limited abilities. They need complete care which parents, in a typical home setting, cannot provide. Some parents may be able to care for such a child during the first several years of the child's life. But as the child approaches adolescence, professional help may be needed. A growing number of special environments are designed to give severely mentally retarded persons some control over their own lives.

Parents of a mentally retarded child should treat the child as normally as possible. This is especially important in the areas of love and discipline. The mentally retarded child should be regarded as a full-fledged member of the family. If he or she needs help, then everyone in the family should be expected to contribute time and effort. This cooperation is a part of membership in any family.

Still, a family that has both a mentally retarded child and other children of normal intelligence faces unique problems. It is natural that children may develop resentment and even hostility if the family always has to make special arrangements for the one child. Parents can help by being aware of the effects of the mentally retarded child on the other children and by doing their best to explain the nature of the handicap. In some cases, professional counseling benefits the entire family.

THE PHYSICALLY HANDICAPPED CHILD

A physically handicapped child has an abnormality of body structure, function, or metabolism. The cause may be either hereditary or environmental. Corrective surgery may be possible, but it may involve great risks. In that case, parents would have to decide what would be best for the child and the entire family.

The severity of physical handicaps varies a great deal. Children with relatively minor handicaps can lead full and happy lives, 18-9. They can live at home with little extra care.

Children with more severe handicaps may need professional care. In many cases, children can receive the therapy they need and still live at home. In other cases, children need constant attention and special equipment. These children may need to be placed in an institution geared to handle such needs.

THE CHILD WITH EMOTIONAL ILLNESS

Emotional illnesses do arise in small children. Parents and teachers need to recognize the symptoms and find ways to meet the children's needs.

Occasional crying and emotional outbursts are normal in children, 18-10. They are not signs of an emotional problem. But children who are overaggressive, cruel, and hostile may have a problem. Parents and teachers should also watch children who have difficulty talking or being understood, those with deep-rooted fears, and those who seem friendless and isolated from the group. Also, children who have a developmental lag in one or more areas or who have a physical illness that treatment is not helping may need further professional help.

Children's emotional problems have many different causes. A baby may suffer emotional deprivation if an adult fails to establish a close relationship with him or her during infancy. A small child who must relate to several caregivers rather than to one primary caregiver may suffer from the lack of consistency. The child may have difficulty forming personal relationships and friendships. Another cause of emotional illness may be separation from a loved one. This can be quite traumatic for a small child whose feeling of security depends on the presence of the primary caregiver. Another possible cause is unrealistic expectations that other people have. If a caregiver expects the child to do things that the child is not capable of doing, the pressure may cause emotional problems.

Emotional illnesses that are not resolved in childhood may create severe problems during adolescence. At that time, self-esteem is critical. Adolescents are striving for independence, but if they have not achieved a positive self-identity,

18-9 Gathering Easter eggs may be more difficult for this little girl who is physically handicapped, but she enjoys it as much as any other child.

18-10 All children have occasional emotional outbursts. Usually a simple positive suggestion such as, "Come help me pick some pretty flowers," changes the tears to smiles.

they may go back and forth between dependence and independence.

Most adolescents have mood swings from happy to sad. Parents need to judge the seriousness of their children's changing emotions. Adolescents need freedom to meet their needs for independence, but they also need the security of knowing they can rely on their parents' love and guidance. Parents need to sense when their adolescents are having emotional problems which may be deepening. If they believe professional help may be needed, they should not hesitate. Left untreated, emotional illnesses may become even more severe in later years.

MAINSTREAMING

The primary responsibility for children's development and education lies with parents. This is true for children who have special needs as well as children who develop normally. Yet the parents of children with special needs are not without support. These children are receiving much attention in our country. Recent legislation has broadened the opportunities available to them.

Education is being interpreted more and more broadly. The education for children with special needs may not always deal in academic subjects. It may also include subjects like self-care skills and adjustment to society.

Many children with special needs may benefit from being in a learning environment with children who are developing normally. This is the theory behind *mainstreaming*. Children with special needs may be mainstreamed into regular public school settings for part or all of the school day. See 18-11. Authorities say that this program helps children with special needs learn to get along in the real world.

18-11 Mainstreaming allows children with special needs to benefit from being in a learning environment with children who are developing normally.

to Review

1. Give three examples of how parents can take advantage of teachable moments to help their children think of learning as fun.
2. True or false. Children's favorite way of learning is by watching someone else give a demonstration.
3. Name two influences on children's desire to learn when they start attending elementary school.
4. True or false. Children who come from homes with clear structures and set routines often do better in school than children from more permissive homes.
5. In what ways can parents help their children develop good study habits?
6. What is the key to education?
7. Define the term "gifted."
8. Give three reasons why gifted children are receiving more attention today.
9. Why do most authorities not recommend special schools just for the gifted?
10. What may be the best way to meet the needs of gifted children?
11. List four forms of treatment for children with learning disabilities.
12. What are the three groups into which mentally retarded children are divided for educational purposes? Give a brief description of each group.
13. What characteristics may be signs of emotional illness in a child?
14. What is mainstreaming? What is its purpose?

to Do

1. Divide into small groups to discuss ways parents can help or hinder children's learning potential in the home setting. Make two lists: one of things parents should do and one of things parents should not do. Present the lists for class discussion.
2. Accept or reject the following statement: Parents should set rigid guidelines for the completion of homework by their children, and they should actively supervise their children's study habits.
3. What are some ways for parents to become involved in the functioning of your school? How effective are the programs that involve parents? Do parents need to become more involved? If you were a parent, how involved would you want to be in your children's education?
4. Ask a teacher of special needs children (gifted children, mentally retarded children, etc.) to visit your class. Ask what special needs the students have, how the job differs from a "regular" teaching job, what rewards the job offers, and what frustrations the job involves.
5. Divide into five groups and have each group write a report on one of the following groups of children with special needs.

   Group 1 Gifted children.
   Group 2 Learning disabled children.
   Group 3 Mentally retarded children.
   Group 4 Physically handicapped children.
   Group 5 Emotionally ill children.

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Glossary

A

abortion: removal of a fetus from a uterus before its development is complete.

abstinence: refraining from sexual intercourse.

abstract thinking: matters that exist only as thoughts or rules, without any physical existence.

adoptive parents: parents who raise children born to other parents.

afterbirth stage: third stage of labor when placenta, or afterbirth, is delivered.

allowance: a set amount of money given regularly by parents to children for their personal needs and wants.

alternate play behavior: behavior during which a child does something and waits for a response from playmates thus encouraging the repetition of the activity.

amniocentesis: process in which some of the amniotic fluid surrounding the developing fetus is drawn and tested for possible chromosomal abnormality.

amnio-chorionic membrane: the "bag of waters" which houses the amniotic fluid, and is made up of the chorion membrane and the amnion membrane.

amnion: the inner membrane of the amniotic-chorionic membrane.

amniotic fluid: fluid which completely surrounds the fetus, keeping the fetus at an even temperature, protecting against injury, and allowing easy movement.

anorexia nervosa: an eating disorder in which people voluntarily starve themselves.

Apgar scoring system: a system used to evaluate the overall physical condition of newborns.

areola: pigmented area around the nipple on a woman's breast.

artificial insemination: procedure in which sperm is placed in a woman's uterus in order to produce pregnancy.

autonomy: second stage of Erikson's theory of personality development during which children from ages 2 to 3 years learn to make decisions for themselves and move out into the world with a sense of security.

B

Babinski reflex: reflex which causes newborn to extend toes upward and outward when sole of foot is touched.

birthing rooms: a home-like setting with access to medical facilities, used by some women during delivery.

blended families: a family in which one or both spouses may have been married before, may have children from a previous marriage, and may have children in present marriage.

bonding: formation of close emotional ties.

bulimia: an eating disorder, sometimes called the "binge-purge" syndrome, in which persons will eat a large quantity of food, then purge themselves of the food by vomiting or taking laxatives or diuretics.

C

carrier: persons who possess genes for a disease without suffering any effects of the disease.

cervix: the lower portion of the uterus.

cesarean section: an operation whereby a baby is delivered through an incision in the abdomen.

child abuse: a nonaccidental injury or pattern of injuries to a child. It is damage to a child for which there is no reasonable explanation.

chorion: the outer membrane of the amnio-chorionic membrane.

chromosome: threadlike structure which carries the hereditary information of genes. Humans have 23 pairs of chromosomes in every cell of their body.

colic: severe and intermittent abdominal pain, caused by air or gas in the digestive system of babies.

concrete operational stage: the third stage of Piaget's theory of intellectual development during which children are increasingly able to resolve complex problems in connection with some visual aid.

condom: temporary method of contraceptive, often called a "rubber," which traps sperm, and prevents it from entering the vagina.

conscience: part of the Super Ego that helps people make judgments about what is right and wrong.

conservation: the understanding that certain properties remain the same even if they change in shape or appearance.

contraceptive sponge: a soft, pillow-shaped device that has been saturated with spermicide and fits over the cervical opening.

cooperative play: playing with others in a play activity.

cradle cap: a condition in which a scaly crust appears on scalp of a baby.

crowning: moment the baby's head is first seen.

cruising: when first learning to walk, babies lightly touch furniture for support and balance.

cursive writing: printing in flowing strokes with letters joined together.

D

diaper rash: skin problem caused by bacteria which irritates the skin.

diaphragm: a dome shaped cup of soft rubber that is inserted into the vagina, covering the cervix, thus preventing sperm from entering the uterus.

dilation stage: the first stage of labor when the cervix dilates in order for the baby to pass from the uterus to the birth canal.

E

ego: deals with logic and controlled behaviors, most importantly it deals with anxiety.

egocentric: self-centered behavior of infants, whose main concern is in themselves and their comfort.

ego ideal: part of the Super Ego that holds up high standards toward which people can strive.

ejaculatory duct: duct leading from the vas deferens to the urethra in the male body.

emotional abuse: demands are made by parents that children are not capable of meeting.

emotional neglect: the failure to provide children with love and affection.

endometrium: the inner lining of the uterus.

enuresis: bed-wetting, which may be caused by physical or emotional problems.

epididymis: coiled tubes in which sperm are matured and stored.

episiotomy: small cut at opening of birth canal allowing more room for a baby to to born.

Erikson's theory of personality development: in this eight-stage theory, each stage presents conflicts that require individuals to modify their personalities and adjust to their social environment.

expulsion stage: second stage of labor which begins with the cervix fully dilated and ends with the birth of the baby.

F

fallopian tube: tube with one end connected to the uterus and the other fringed end lying close to an ovary.

false labor: pains which resemble labor pains, but are more painful, remain equal in intensity, are irregular, and not rhythmical.

family centered childbirth: based on the belief that childbirth affects the family as a unit as well as individuals.

fetal alcohol syndrome: a pattern of physical and mental birth defects caused by excessive or steady alcohol consumption during pregnancy.

follicles: in the ovaries, a group of cells, each containing an immature egg.

fontanel: soft spot on top of a baby's head.

formal operational stage: fourth stage of Piaget's theory of intellectual development occurring from ages 11 or 12 through adulthood, during which the individual can deal with more complex problems and with more abstract ideas.

foster parents: parents who provide a child with a substitute family.

G

generativity: seventh stage of Erikson's theory of personality development when people become concerned with others beyond their immediate family.

genetic counseling: scientific advice based on medical studies and family histories, concerning heredity, especially the risks of hereditary disorders.

gifted: any child who is outstanding in either a general sense or a specific ability.

gonorrhea: a sexually transmitted disease which may cause blindness, arthritis, heart disease, or sterility. Infected babies may be blinded by gonorrheal infection.

grasping reflex: reflex which causes a newborn to close hand tightly around object when placed in the palm.

H

herpes: in the form of herpes simplex virus type 2, a sexually transmitted disease that can infect a baby during delivery. In severe cases, the baby may not survive; or may sustain physical and/or mental damage.

I

Id: according to Freud, the source of psychological and physical tension and thus demands immediate satisfaction of wants and needs.

identity: the fifth stage of Erikson's theory of personality development, occurs during adolescence, during which time the individual develops either a healthy personal identity or role confusion.

implantation: process in which the newly fertilized egg attaches to the endometrium of the uterus.

incest: sexual activity between persons who are closely related.

industry: fourth stage in Erikson's theory of personality development, (ages 6-11) when children become capable of deductive reasoning and of following rules.

inferiority complex: overwhelming feelings of inadequacy.

infertility: the temporary condition of being unable to conceive.

initiative: Erikson's third stage of personality development which children develop imagination and initiate activities on their own.

intimacy: the sixth stage of Erikson's theory of personality development when a person shares with, and cares about, another person without fear of losing himself or herself in the process.

IUD: a small soft plastic or metal device inserted into the uterus by a physician. The IUD prevents the fertilized egg from implanting in the endometrium, thus preventing pregnancy.

J

jargoning: the uttering of a long series of similar or different syllables.

L

labor pains: regular contractions of the uterus, which are spaced evenly apart and occur in a rhythmical pattern.

Lamaze method: prepared childbirth, in which parents attend weekly classes to learn what to expect in the final stages of pregancy and during labor and delivery.

latchkey children: children who must attend to their own needs until their parents return home from work.

learning disabled children: those children who have difficulty mastering learning tasks. This may be caused by physical or psychological problems.

Leboyer method: focuses on the birth experience of the baby; it makes birth process less shocking and more comforting for the baby.

life skills: the eating, dressing, and grooming skills children must learn in order to provide routine care for themselves.

lightening: occurs as the head of the fetus descends into the pelvic cavity, toward the end of pregnancy; it relieves abdominal pressure, making breathing easier.

lisping: speech pattern that may occur in preschoolers because they still have difficulty pronouncing some sounds, such as "s."

lunar month: More specific than a calendar month, it is exactly 28 days long and is used to study the development of a fetus.

M

mainstreaming: the placement of children with special needs in a learning environment with children who are developing normally.

married, natural parents: family unit consisting of husband and wife, and children born to them.

menstruation: the extra growth of the endometrium which sloughs off and then passes out of the uterus.

miscarriage (spontaneous abortion): the delivery of a fetus before it has developed to the point where it can survive outside the uterus.

mitten grasp: grasp made with the palm and fingers opposing the thumb.

moro or startle reflex: reflex in which newborn throws arms apart, spreads fingers, extends legs, arches back, and throws head back in response to a loud noise or a sudden change in position.

multiple classification: intellectual understanding that objects may fit into more than one category.

N

nocturnal emissions: also called "wet dreams," it is the ejaculation of semen during sleep, often experienced by teenage boys.

nurturance: loving care and attention given to children to further their development.

O

object permanence: Piaget's concept that unseen objects have not necessarily disappeared.

obstetrician: a physician who specializes in the care of pregnant women and the birth of babies.

Oedipus complex: a development of the preschool period in which a child's emotional attachment to the parent of the opposite sex increases dramatically.

ovaries: almond shaped organ in which eggs are stored.

ovulation: the process by which an egg is released from the ovaries.

P

parallel play: play exhibited by toddlers in which they play near others, but not with them.

penis: the external male sex organ.

physical abuse: infliction of physical injury upon a child.

physical neglect: the failure to provide sufficient food, clothing, shelter, medical care, education, guidance, and supervision for a child.

Piaget's theory of intellectual development: theory that states intellectual development in children has clearly defined stages. These stages occur in a continuous sequence and each stage builds upon the preceding stage.

pill: an oral contraceptive which prevents ovulation by use of synthetic hormones.

pincer grip: a refined grasp in which objects are picked up with just the thumb and forefinger.

placenta: a special organ, formed during pregnancy, which functions as the interchange between the developing fetus and the mother.

postpartum period: period of time following delivery of the baby when the woman recovers from pregnancy and childbirth.

preoperational stage: second stage of Piaget's theory of intellectual development in which children from ages two to seven learn by using language and mental images.

primary caregiver: the person who spends the most time with the baby.

puberty: the time when reproductive organs mature and secondary sexual characteristics appear.

R

reflexes: automatic reactions to certain stimuli.

reproduction: the process that brings together cells from the male and female to form a third living organism.

reversibility: concept of things returning to their original condition after they have been changed.

Rh disorder: a disorder that occurs when Rh-positive blood cells of a fetus enter the Rh-negative bloodstream of the woman.

rhythm: a natural family planning method based on the knowledge that there are certain times during the menstrual cycle when a woman is most fertile, and during these times abstinence is practiced.

rooting reflex: when cheek or mouth is touched newborn will open mouth and turn head, looking for food.

rubella: Also called German Measles, a virus that can cause a miscarriage, a still birth, or a serious birth defect.

S

scrotum: thin walled sacs of skin which contain the testes.

secondary sex characteristics: body changes that appear at the time of puberty.

self-concept: people's thoughts about themselves.

self-esteem: the evaluative aspect of self-concept; the positive or negative judgment made about oneself.

semen: Fluid containing sperm and secretions from three sets of glands.

sensorimotor stage: in this stage of Piaget's theory of intellectual development, children learn about the world through their senses and their body movements.

separation anxiety: overwhelming fear shown by infants when primary caregiver is not in sight.

seriation: the ability to order groups of things by size, weight, age, or any common property.

sexual abuse: forcing a child to engage in sexual activities.

sexually transmitted diseases: a disease which is spread by sexual contact; these diseases include gonorrhea, syphilis, and herpes.

sibling rivalry: competition among brothers and sisters.

single parent: individual who is living alone with his or her children.

sperm: the male sex cell which contains the male set of 23 chromosomes.

spontaneous abortion (miscarriage): the delivery of a fetus before it has developed to the point where it can survive outside the uterus.

stepping reflex: when a newborn is held in an upright position and the sole of a foot touches a surface, the newborn will raise the foot as if walking.

sterility: permanent condition of being unable to conceive.

stretch marks: tears in the tissue just below the skin surface.

stuttering: speech pattern in which long pauses are injected into sentences, sentences are stopped midway and started again, or one sound or phrase is repeated.

Super Ego: according to Freud, it is a person's moral code; it has two parts, the conscience and ego ideal.

symbolic thinking: thinking which enables persons to use symbols in place of real objects.

syphilis: a sexually transmitted disease that, when left untreated, will cause damage to internal organs. Infected babies are born with congenital syphilis, causing stillbirth or, possibly, the same effects as adult syphilis.

T

teachable moments: spontaneous learning experience which can be used to expand children's natural curiosity.

temper tantrums: violent outbursts of negative behavior.

testes (testicles): oval shaped organ in which sperm are produced.

time lines: a graphic representation of goals to reach during a set length of time.

toxemia: a condition which affects a woman's kidneys, heart, or blood circulation.

traditional childbirth: attention is focused on the woman's and baby's health and on woman's comfort; anesthetics are given as needed, and the baby's health is monitored.

tubal ligation: procedure for sterilization of a woman in which the fallopian tubes are cut and sealed.

U

ultrasound test: a test in which sound waves are used to create a "map" of the fetus. It shows the position and development of the fetus.

umbilical cord: a cord that connects the placenta to the developing fetus.

urethra: the tube which carries urine from the bladder. In the male it also serves as a passageway for semen during ejaculation.

uterus: a hollow, muscular organ which holds and nourishes a fertilized egg as it develops.

V

vagina: muscular passageway which serves as the birth canal.

vaginal spermicides: products in foam, jelly, or cream form which chemically kills sperm on contact and physically block the opening of the uterus.

vas deferens: long, narrow tubes that carry sperm from the epididymis to the ejaculatory duct.

vasectomy: surgical procedure for sterilization of a man.

W

weaning: phasing out of taking milk from a breast or bottle.

withdrawal: the removal of the penis from the vagina before ejaculation.

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